

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

TONY B. GASKINS

CIVIL ACTION NO. 05-CV-10858-GAO

Plaintiff,

vs.

UMASS CORRECTIONAL
HEALTH SERVICES, ET AL.

Defendants.

**DEFENDANT NOLAN, MITCHELL AND MARTIN'S MEMORANDUM IN
SUPPORT OF THEIR MOTION TO DISMISS AND/OR
MOTION FOR SUMMARY JUDGMENT**

Now come defendants David Nolan, Lisa Mitchell and Susan Martin and submit this Memorandum in Support of their Motion to Dismiss and/or Motion for Summary Judgment.

STATEMENT OF FACTS

Plaintiff, Tony G. Gaskins, ("Gaskins") is a pro se inmate lawfully in the custody of the Department of Correction ("Department") and is presently incarcerated at MCI Cedar Junction ("Cedar Junction") in Walpole, Massachusetts. The defendants include Cedar Junction Superintendent David Nolan, Deputy Superintendent Lisa Mitchell and Department of Correction Director of Health Services Susan Martin. He is suing each defendant in his/her official and individual capacity. Plaintiff also names "UMass Correctional Health Services" as a defendant.¹

In his Complaint, plaintiff alleges that he received inadequate medical care following surgery on his shoulder in December 2004. Specifically, he claims that he has not received physical therapy. The Complaint contains vague allegations that plaintiff

complained about his shoulder to defendants and was ignored. Plaintiff fails to explain how, when or where he allegedly communicated his concerns to Superintendent Nolan. He states that his sister contacted Deputy Mitchell by telephone. Finally, he claims only that Susan Martin received a letter from paralegal Laura Anderson to Health Services Administrator Stanley Galas about plaintiff's shoulder. For the following reasons, plaintiff's Complaint must be dismissed. In addition, if plaintiff's Motion to Amend his Complaint is allowed, the Amended Complaint should also be dismissed for the reasons set forth herein.

STATEMENT OF UNDISPUTED FACTS

1. Plaintiff is an inmate currently incarcerated at MCI Cedar Junction. Complaint, page 1.
2. On December 8, 2004, plaintiff had surgery on his right shoulder at Lemuel Shattuck Hospital. Amended Complaint, paragraph 8.
3. Plaintiff filed the instant case on February 11, 2004.
4. From January 1, 2003 to the present, the University of Massachusetts Medical School ("UMMS") has been the Department of Correction's health services contractor. Affidavit of Susan Martin, attached as Exhibit 1, paragraph 3.
5. Department of Correction employees do not have direction or control over the independent medical contractors and the manner in which medical professional determine the appropriate medical treatment for prisoners. Rather, all decisions with respect to type and timing of medical care provided to prisoners are solely within the province of medical professionals. Martin Affidavit, paragraphs 4 and 5.

¹ UMMS is not represented by the undersigned counsel.

6. David Nolan, Lisa Mitchell and Susan Martin do not have any control over UMMS and its employees in the manner in which UMMS medical professionals determine the appropriate medical treatment for prisoners, including Mr. Gaskins. Martin Affidavit, paragraphs 5 and 6.
7. The Department of Correction grievance policy, 103 CMR 491.08, states that, “medical or clinical decisions related to an inmate’s physical or mental condition shall not be grievable under 103 CMR 491.00, as the medical contractor is required to maintain its own grievance procedure, however, matters concerning access to medical or mental health care are grievable.” See 103 CMR 491, attached as Exhibit 2.
8. Plaintiff’s Complaint contains no evidence that Superintendent Nolan was aware of plaintiff’s medical concerns.
9. Plaintiff’s sister called Deputy Superintendent Lisa Mitchell about plaintiff’s shoulder complaints. Complaint, paragraph 20.
10. Susan Martin was copied on a letter dated March 11, 2005, from Massachusetts Correctional Legal Services paralegal Laura Anderson to Health Services Administrator Stanley Galas. Martin Affidavit, paragraph 8.
11. Susan Martin was also copied on the response from Mr. Galas to Ms. Anderson, dated April 4, 2005, in which Mr. Galas confirmed that Mr. Gaskins had been scheduled for physical therapy. Id.
12. Medical records attached to the Affidavit of Susan Martin reflect that Mr. Gaskins has received ongoing treatment, including physical therapy, for his shoulder. See Martin Affidavit, paragraph 9 and attached medical records.

13. The aforesaid records reflect, among other things, that plaintiff had physical therapy appointments on April 25, 2005, May 13, 2005 and was scheduled for an appointment on June 6, 2005. Id. Records also indicate that he had an orthopedic consults on January 10, 2005 and March 10, 2005. Id.

ARGUMENT

I. DEFENDANTS ARE ENTITLED TO SUMMARY JUDGMENT BECAUSE THEY WERE NOT DELIBERATELY INDIFFERENT TO GASKINS' MEDICAL NEEDS IN VIOLATION OF THE EIGHTH AMENDMENT.

Gaskins alleges that defendants Nolan, Mitchell and Martin were deliberately indifferent to his medical needs in violation of the Eighth Amendment. Gaskins' theory is that Martin, Nolan and Mitchell, none of whom are physicians, should be liable for damages because UMMS staff allegedly failed to refer Gaskins for physical therapy following shoulder surgery. Medical records show that Gaskins has been seen numerous times by medical staff following his shoulder surgery in December 2004. See medical records attached to Sue Martin Affidavit, Exhibit 1.

Analysis of Gaskins' Eighth Amendment claim must begin with the proposition that in the medical context...a complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment. Medical malpractice does not become a constitutional violation merely because the victim is a prisoner. In order to state a cognizable claim, a prisoner must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. It is only such indifference that can offend evolving standards of decency in violation of the Eighth Amendment.

Estelle v. Gamble, 429, U.S. 97, 105-06 (1976). "A medical need is 'serious' if it is one that has been diagnosed by a physician as mandating treatment, or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention." Gaudreault v. Municipality of Salem, 923 F.2d 203, 208 (1st Cir. 1990); Dias v. Vose, 885 F.Supp. 53

(D.Mass. 1994), aff'd 50 F.3d 1. For the purpose of this motion, defendants will assume, without conceding, that Gaskin's shoulder related problem constitutes a serious medical need.

UMMS staff was not deliberately indifferent to Gaskins' needs. Records reflect that they saw him on numerous occasions. An inmate "deserves adequate medical care, [but] he cannot insist that his institutional host provide him with the most sophisticated care that money can buy." U.S. v. DeCologero, 821 F.2d 39, 42 (1st Cir. 1987). Disagreements about the quality and the source of treatment simply do not rise to an Eighth Amendment violation. Ferranti v. Moran, 618 F.2d 888, 890-891 (1st Cir. 1980); Jackson v. Fair, 846 F.2d 811, 817 (1st Cir. 1988)("Although the Constitution does require that prisoners be provided with a certain minimum level of medical treatment, it does not guarantee to a prisoner the treatment of his choice"). Sires v. Berman, 834 F.2d 9, 13 (1st Cir. 1987); Layne v. Vinzant, 657 F.2d 468, 471 (1st Cir. 1981).

Quite apart from the objective considerations, Gaskins cannot show that defendants Nolan, Mitchell or Martin had the subjective state of mind or intent necessary for a "deliberate indifference" claim. Such a state of mind or intent is similar to criminal recklessness and requires actual knowledge of impending harm which is easily preventable. Dias v. Vose, 885 F.Supp. at 57, citing, Farmer v. Brennan, 511 U.S. 825, 835-837, 114 S.Ct. 1970, 1978-1979, (1994). See also Coyne v. Cronin, 386 F.3d 280 at 288-289(1st Cir. 2004); Desrosiers v. Moran, 949 F.2d 15, 19 (1st Cir. 1991)(a claim of deliberate indifference requires proof that the defendant had a culpable state of mind and intended wantonly to inflict pain). While state of mind issues generally are not susceptible to summary judgment, "where there is no evidence of treatment so inadequate as to shock the

conscience, let alone that any deficiency was intentional or where there is no evidence of acts or omissions so dangerous (in respect to health or safety) that a defendant's knowledge of a large risk can be inferred, summary judgment is appropriate." Dias v. Vose, 865 F.Supp at 57, citing Torraco v. Maloney, 923 F.2d 231, 234 (1st Cir. 1991) Particularly in this regard, Gaskins cannot establish the existence of an essential element of his case, because he has not submitted any evidence demonstrating that the care rendered by UMMS was inadequate, let alone conscience-shocking.

Section 1983 "creates a species of tort liability." Heck v. Humphrey, 512 U.S. 483, 114 S.Ct. 2364, 2370 (1994), citing Memphis Community School District v. Stachura, 477 U.S. 299, 306, 308, 106 S.Ct. 2537, 2542, 2543, 91 L.Ed.2d 249 (1986). Actions under this statute are governed by common law tort principles. Id.; Malley v. Briggs, 475 U.S. 335, 344 n.7, 106 S.Ct. 1092, 1098 n.7, 89 L.Ed.2d 271 (1986); Carey v. Piphus, 435 U.S. 247, 257-259, 98 S.Ct. 1042, 1049-50, 55 L.Ed.2d 252 (1978); Imbler v. Pachtman, 424 U.S. 409, 417, 96 S.Ct. 984, 988, 47 L.Ed.2d 128 (1976). The underlying common law tort is medical malpractice. Accordingly, Gaskins' burden includes proof of the appropriate standard of care for treating his condition, proof that the UMMS defendants deviated from the standard of care, and proof that such deviation was the proximate cause of actual injury. As stated above, a claim of deliberate indifference requires far more than proof of simple malpractice, but in any event, defendants are certainly entitled to summary judgment if Gaskins lacks proof of the underlying elements of a malpractice case.

Under state law, negligence and causation in a medical malpractice case cannot be inferred, but must be presented through expert opinion. Harlow v. Chin, 405 Mass. 697, 701-702 (1989); Forlano v. Hughes, 393 Mass. 502, 507 (1984)("It is only in exceptional

circumstances that a jury instructed by common knowledge and experience may without the aid of expert medical opinion determine whether the conduct of a physician toward a patient is violative of the special duty which the law imposes as a consequence of this particular relationship (citations omitted)"). A plaintiff claiming medical malpractice bears the burden of proving the causal connection between the alleged medical negligence and the plaintiff's injuries. Held v. Bail, 28 Mass. App. Ct. 919, 920 (1989). The jury may not speculate about the possible results of administering or withholding particular therapy. Id. If the causation issue involves questions of medical science or technology, the jury requires the assistance of expert testimony. Id. Similarly, courts reject claims of deliberate indifference to serious medical needs where the inmate, like Gaskins is unable to offer more than his own assertion that the care provided was inadequate. See Dulaney v. Carnahan, 132 F.3d 1234, 1240 (8th Cir. 1997); Goffman v. Gross, 59 F.3d 668, 672 (7th Cir. 1995) (Inmate lay testimony cannot establish the showing of medical causation necessary to sustain a claim of harm caused by second hand smoke).

In short, Gaskins' case amounts to no more than an invitation for the Court to "second guess" the judgment of medical professionals. Layne v. Vinzant, 657 F.2d at 331. Since his claim of inadequate medical care is founded only on "improbable inferences and unsupported speculation," Woods v. Friction Materials, Inc., 30 F.3d at 259, defendants Nolan, Mitchell and Martin are entitled to summary judgment.

Even if Gaskins had produced medical evidence showing that the UMMS defendants failed to provide him adequate treatment, it would not lead to the liability of defendants Nolan, Mitchell or Martin. None of these defendants supervise UMMS staff, nor did they play a role in determining what care individual clinicians should provide. This is a

matter of professional judgment. Moreover, even if defendants Nolan, Mitchell or Martin did supervise UMMS defendants, they would still not be liable for their actions. Respondeat superior does not apply to actions brought under 42 U.S.C. § 1983. Monell v. Department of Social Services, 436 U.S. 658, 696 n.58 (1978); Votour v. Vitale, 761 F.2d 812, 189 (1st Cir. 1985), cert. denied, 106 S.Ct. 879 (1986); Kosta v. Hogg, 560 F.2d 37, 40 (1st Cir. 1977).

In the absence of personal involvement, a supervisor will be liable for acts of a subordinate only if (1) the subordinate's behavior results in a constitutional violation and (2) the supervisor's action was "affirmatively linked" to the behavior in the sense that it could be characterized as supervisory encouragement, condonation or acquiescence or gross negligence amounting to deliberate indifference. Hegarty v. Somerset County, 53 F.3d 1367, 1379-1380 (1st Cir. 1995). Negligence is inadequate to establish supervisory liability. Febus-Rodriguez v. Betancourt-Lebron, 14 F.3d 87 (1st Cir. 1994). Rather, the plaintiff must show that the supervisor acted with deliberate indifference, in addition to the causation requirement linking the supervisor's conduct to the subordinate's violative conduct. Maldonado-Denis v. Castillo-Rodriguez, 23 F.3d 576, 582 (1st Cir. 1994); Febus-Rodriguez v. Betancourt-Lebron, 14 F.3d at 92 (supervisor's acts or omissions must amount to the reckless or callous indifference to the constitutional rights of others; i.e., that it would be manifest to any reasonable official that his conduct was very likely to violate an individual's constitutional rights). Causation may be established by showing that the supervisor adopted or approved an unlawful policy or custom, Id.; Naughton v. Bevilacqua, 605 F.2d 586, 589 (1st Cir. 1979); or knew of, but failed to correct an ongoing wrongdoing. Layne v. Vinzant, 657 F.2d at 471.

However, there is no supervisory liability where the alleged violations stem largely from sporadic incidents without the requisite personal involvement. Oklahoma City v. Tuttle, 471 U.S. 808, 823-24, 105 S.Ct. 2427, 3436-37, 85 L.Ed.2d 791 (1985); Rodriguez v. Furtado, 950 F.2d 805, 813 (1st Cir. 1991); Billings v. Commonwealth, 498 F.Supp. 883, 884 (D.Mass 1980). There must be either some participation or acquiescence by the supervising official in the alleged constitutional deprivation, Delaney v. Dias, 415 F.Supp. 1341, 1354 (D.Mass. 1976), or an "affirmative link" between the conduct of the supervisor and that of the employee. Votour v. Vitale, 761 at 880 (in the absence of a pattern of past violence so striking to permit an inference of the supervisor's encouragement or approval of subordinates' actions, no liability, even though police chief knew of past complaints of brutality).

Defendants' alleged knowledge of Gaskins' Complaint cannot, as a matter of law, result in liability. As Judge Aldrich forcefully admonished in a unanimous opinion reversing a judgment against supervisory prison officials in a situation comparable to the one here,

we do not see how the Commissioner [of Correction], or the superintendent of a prison as large as those involved here, can be held responsible for the individualized [as opposed to prison-wide] complaints of every prisoner in his charge, except on the basis of actual notice of facts sufficient to put him on inquiry.

Layne v. Vinzant, 657 F.2d at 471 n.3 (citations omitted). Defendants Nolan, Mitchell and Martin are prison officials, not medical professionals. As such, they are entitled to rely upon the judgment of medical professionals. Camberos v. Branstad, 73 F.3d 174, 176 (8th Cir. 1995)(because they lacked medical expertise, the prison's treatment director and warden could not be held liable for medical staff's diagnostic decision not to refer prisoner to doctor for treatment of a shoulder injury); McCracken v. Jones, 562 F.2d 22, 24 (10th Cir. 1977).

In the absence of defendants direct participation, or actual notice that Gaskins was suffering serious harm as a result of constitutionally inadequate mental health care, it is respectfully submitted that this Court cannot properly impose liability, much less damages, against these defendants. Therefore, summary judgment should enter in defendants' favor because (1) Gaskins has failed to show, by submission of relevant medical evidence, that the treatment offered is inadequate, and (2) defendants have not acted with deliberate indifference.

VI. **THE DEFENDANTS ARE ENTITLED TO QUALIFIED IMMUNITY.**

Defendants are public officers, and are thus entitled to at least qualified immunity from a suit for damages in their individual capacities. The doctrine of qualified immunity was established to protect government officials from the burdens of vindictive and harassing lawsuits, which may inhibit them from properly exercising their powers, while, at the same time, protecting private citizens from oppressive or malicious government action. Knight v. Mills, 836 F.2d 659, 665 (1st Cir. 1987) (citing Scheuer v. Rhodes, 416 U.S. 232, 238 (1974)).

The Supreme Court reasoned that, "officials can act without fear of harassing litigation only if they reasonably can anticipate when their conduct may give rise to liability for damages." Davis v. Scherer, 468 U.S. 182, 195 (1984). The official "is not expected to determine the manner in which the law's grey areas will be clarified and defined." Borucki v. Ryan, 827 F.2d 836, 839 (1st Cir. 1987). Officials will succeed in their defense "as long as their actions could reasonably have been thought consistent with the rights they are alleged to have violated," Anderson v. Creighton, 483 U.S. 635, 646 (1987). "[A] court must determine whether an alleged right was established with

sufficient particularity that a reasonable official could anticipate that his actions would violate that right." Borucki, supra at 383 (citing Anderson v. Creighton, supra at 646).

The Department of Correction defendants are not medical doctors, nor does the plaintiff allege that they are. As such, they are entitled to rely on the professional judgment of medical providers. Layne v. Vinzant, 657 F.2d 468, 472 (1st Cir. 1981); Camberos v. Branstad, 73 F.3d 174 (1995) (because they lacked medical expertise, the prison's treatment director and warden could not be held liable for medical staff's diagnostic decision to refer prisoner to doctor for treatment of a shoulder injury); McCracken v. Jones, 562 F.2d 22, 24 (10th Cir. 1977). Accordingly, plaintiff's Complaint must be dismissed in its entirety.

CONCLUSION

For the aforementioned reasons, the defendants David Nolan, Lisa Mitchell and Susan Martin are entitled to dismissal of the plaintiff's Complaint in its entirety. In the alternative, summary judgment should be granted in their favor.

Dated: July 27, 2005

Respectfully submitted,

NANCY ANKERS WHITE
Special Assistant Attorney General

/s/ Jody T. Adams

Jody T. Adams, Counsel
BBO No. 633795
Department of Correction
Legal Division
70 Franklin Street, Suite 600
Boston, MA 02110-1300
(617) 727-3300 x169

CERTIFICATE OF SERVICE

I hereby certify that on this date a true copy of the above document was served on plaintiff (pro se) via first class mail.

Dated: 7/27/05

/s/ Jody T. Adams

Jody T. Adams, Counsel

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

TONY B. GASKINS

CIVIL ACTION NO. 05-CV-10858-GAO

Plaintiff,

vs.

UMASS CORRECTIONAL
HEALTH SERVICES, ET AL.

Defendants.

AFFIDAVIT OF SUSAN J. MARTIN

I, Susan J. Martin, hereby depose and say:

1. I am the Director of Health Services for the Department of Correction ("Department"), and I have held this position since October 2002. Prior to becoming Director of Health Services, I was the Acting Director of Health Services from March 2002 to October 2002. Prior to that time, I was the Deputy Director of Health Services from 1997 to March 2002. My business address is 15 Administration Road, Bridgewater, Massachusetts 02324. The information contained in this affidavit is based upon my personal knowledge and is true and complete to the best of my knowledge.
2. The Department contracts with a private health services contractor to provide medical, mental health and dental services to prisoners incarcerated at Department of Correction facilities.
3. Since January 1, 2003, University of Massachusetts Medical School ("UMMS") has been the Department's health services contractor. In order to ensure that all health care decisions are made by qualified medical, mental health and dental

professionals, the Department's contract with UMMS likewise provides in pertinent part that:

[t]he Contractor shall be solely responsible for making all decisions with respect to the type, timing and level of services needed by Inmates covered by the program, including, without limitation, the determination of whether an inmate is in need of clinic care, hospitalization, admission to a clinic, referral to an outside specialist or otherwise needs specialized care.

4. The principle that medical professionals should exercise independent professional judgment is memorialized in the Department of Correction Health policy governing clinical contract personnel and the role of the Department of Correction Health Services Division, 103 DOC 610.00 *et seq.* Section 610.01 provides in pertinent part:

Matters of medical, mental health and dental judgment are the sole province of the responsible physicians, psychiatrists or dentists.

5. Neither I, nor any Department employee, including Superintendent Nolan or Deputy Superintendent Lisa Mitchell had any direction or control over UMMS and its employees in the manner in which UMMS medical professionals determined the appropriate medical or mental health treatment for prisoners.

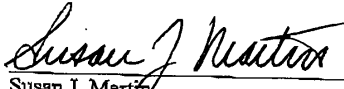
6. I am aware that in the case at bar, plaintiff Tony Gaskins alleges that he received inadequate care following surgery on his shoulder in December 2004. Any decisions about plaintiff's medical care and the appropriate course of treatment are matters that required the professional medical judgment of UMMS staff. Moreover, it has always been the sole responsibility of contractual medical staff to order and provide prescribed medications to prisoners. Therefore, the decisions regarding plaintiff's medications, the responsibility of ordering the plaintiff's medications, and all decisions concerning the type and timing of the plaintiff's medical care are decisions solely within the province of UMMS today.

7. UMMS staff members are not Department employees, and they are not represented in litigation by Department attorneys. In the event of litigation, UMMS retains private counsel to represent UMMS and its employees.

8. I received a copy of a letter from Massachusetts Correctional Legal Services paralegal Laura Anderson, dated March 11, 2005, attached, inquiring about Mr. Gaskins' physical therapy. I also received a copy of the response to Ms. Anderson from Health Services Administrator Stanley Galas, dated April 4, 2005, also attached. In his letter, Mr. Galas informed Ms. Anderson that Mr. Gaskins had been scheduled for physical therapy and that he would continue to be monitored by the Health Services Unit.

9. The attached medical records reflect that Mr. Gaskins has received ongoing treatment and physical therapy for his shoulder.

Subscribed under the pains and penalties of perjury this 14th day of July 2005.


Susan J. Martin
Director of Health Services

00/20/2005 10E 10:05 FAX 508 278 8654 DOC HEALTH SERVICES →→→ DOC LEGAL

006/007

Massachusetts Correctional Legal Services
Eight Winter Street, Boston MA 02108-4705

(617) 482-2773
Toll Free (800) 882-1413
Collect Calls (617) 482-4124
Fax (617) 451-6383

March 11, 2005

Stan Galas, Health Services Administrator
MCI-Cedar Junction
P.O. Box 100
South Walpole, MA 02071

Re: Tony Gaskins (W-52145)

Dear Mr. Galas:

I am writing on behalf of Mr. Tony Gaskins who is currently incarcerated at MCI-Cedar Junction. Mr. Gaskins reports that he had surgery on his rotator cuff in early December and was supposed to start physical therapy as soon as the sling was removed, about two weeks after the operation. According to Mr. Gaskins, the DOC did not permit him to have the "Theraband" required for his PT and so alternate PT was supposed to be arranged, but was not. Apparently Mr. Gaskins has not had sufficient, if any, physical therapy since his December surgery.

Mr. Gaskins reports that he saw an orthopedic doctor yesterday who was very concerned that he has not had the opportunity to do any PT. According to Mr. Gaskins, the doctor said that because Mr. Gaskins has not been provided with PT, his shoulder muscle is not developing properly and may require additional surgery.

Please look into Mr. Gaskins' situation and ensure that he gets proper care for his shoulder, including physical therapy. If security concerns prohibit the use of suggested equipment, such as a Theraband, please arrange an alternate, effective physical therapy plan.

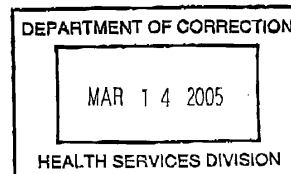
Mr. Galas, thank you for your time and attention to Mr. Gaskins' medical care. I will await your response.

Sincerely,

Laura Anderson
Laura Anderson
Paralegal

✓cc: Susan Martin, Director of DOC Health Services

LA/ps



logged 2-14-2005
Michael...

06/28/2005 TUE 13:05 FAX 508 279 8654 DOC HEALTH SERVICES ---> DOC LEGAL

005/007

04/04/2005 09:41 6177274450

MCI CEDAR JUNCTION

PAGE 02/03



Stanley Galas, NP
Health Services Administrator
MCI Cedar Junction

Laura Anderson, Paralegal
MCLS

April 4, 2005


RE: Tony Gaskins

Dear Ms. Anderson,

I am responding to your letter, dated 3/11/05, where you are inquiring about Mr. Gaskin's physical therapy.

Physical therapy has been scheduled for Mr. Gaskins, as recommended by the orthopedic doctor.

The HSU will continue to monitor and treat Mr. Gaskins, as medically necessary.

Sincerely,

Stanley Galas, HSA

CC: Susan Martin, Director of DOC Health Services

MCI Cedar Junction
PO Box 100
South Walpole, MA

CORRECTIONAL MEDICAL SERVICES

PROBLEM LIST

NAME: Haskins, Tony ID # W-52145 D.O.B. 7-16-67
MEDICATION ALLERGIES: AKA Retin-A (6/10/96) Reglan

Date Identified	Chronic (Long Term) Problems	Healthcare Practitioner Signature	Date Resolved	Healthcare Practitioner Signature
7/98	Asthma Dcd CD list 6-1096			
8/6/96	Calcific Tendinitis both shoulders -1990 Chronic @ Shoulder pain K. Hendry			
8-21-00	Costum - rest for CD	D. V. Hendry		
11-13-01	Refused Influenza Pneumococcal Vac			R. B. Hendry
10-20-02	Refused Influenza Vaccine			R. B. Hendry
2/19/03	DIC Asthma CD	Kendry ap	D/C	2/19/03
11/19/03	Flu Vaccine Given Tr			
12/1/04	Pre-OP PE	K. Hendry, M.D.		
12/04	S/P @ Shoulder arthroscopy ACromioclavicular + acromioclavicular lig + p clavicle + humeral head			
1/18/05	Submucositis			
1/18/05	Asthma	C. Singletary, M.D.		

UMASS CORRECTIONAL HEALTH

CS
Institution

NAME: Tommy Haskins ID # WS2145 D.O.B. 7/16/1967

DATE	TIME	NOTES
12/16	7-3	Dog A to (R) shoulder. Area surrounding staples cleaned DSD applied. No redness, drainage, edema, s/sx of infection. Complaints voiced — <i>Thompson</i>
12/18/01	3-11	Dog A + (R) Shoulder - Area appears clean & drainage. Healing well. NO % lin mate refused to have staples removed signed Refusal - wants M.D. to remove Monday - & s/sx of infection - <i>J. S. L. S. L. S. L.</i>
12/19/01	3-11	Dog A + (R) Shoulder - area appears to have healed - & drainage noted. NO % & redness - Area cleaned DSD applied. Took pain med as ordered — <i>L. S. L. S. L.</i>
12/20/01	8p	Dog A + (R) shoulder. & s/sx of infection. & drainage noted. & redness or ed. Area cleaned & sterile saline. DSD applied. 1/2 refused pain med. <i>Thompson</i>

UMASS CORRECTIONAL HEALTH

PROGRESS NOTES

CJ

Institution

NAME: Gaskins, Tony ID # W52145 D.O.B. 7/16/67

DATE	TIME	NOTES
12/14/05	8:30 P	dsq change completed, I/m c/o itching in anterior section of staples staples. of staples of infections noted, of drainage from any of 3 sections. Area cleaned, DSD applied. M. Kennedy, RN
12/15/05	1500	cc: pt cc to family and deputy super that he felt his pain was being poorly controlled. He offers of other complaints & request for soft restraint of post-surgical arm O: WDOWN NAD pain worst has been a 6 $\bar{3}$ improvement E Naprosyn + APAP. DSD removed, staples intact, of mythemia, wound well-approximated, sling in place, minor finger edema, fingers W+D, sensation good, color pink $\bar{2}$ cap refill < 3 secs. radial/ulnar pulse strong A: s/p $\bar{2}$ arthroscopy P: $\bar{1}$ Ultram to titrate \bar{v} over 10 days, cont APAP, Motin added, Naprosyn D/C'd $\bar{1}$ Self $\bar{2}$ Arm - MR $\bar{3}$ Flu $\bar{2}$ Me for staple removal on 12/20 $\bar{4}$ Sling until ortho (LST) removes K-Stand, NP-C
		Kathy J. Stout, NP-C Adult Nurse Practitioner

UMASS CORRECTIONAL HEALTH

PROGRESS NOTES

MCLCT
InstitutionNAME: Darlene Tany ID # W52145 D.O.B. 7/16/61

DATE	TIME	NOTES
12/9/04	9:30 AM	<p>S SpR shoulder arthroscopy 12/8/04 in HSD overnight. States arm "throbbing" a little" but feels OK - had wound yesterday post arthroscopy but OK now. O Temp 98.6 P 80 R 18 BP 120/82. Dressing clean & dry. Bleeding noted through dsg. A: S SpR shoulder arthroscopy P: Remains in HSD until this afternoon, then return to unit. D/C Tg after next dose (10:00 AM) Tylenol 950 mg po qid prn X 10 days (Kmay take to Noprosyn) Dressing to remain intact X 5 days see orders of 12/8/04 Shirley P. Turner RN</p>
12/13/04	10 th	<p>first dsg change since surgery. Staples intact, clean, & swelling or redness, mild serosangu. drainage (old) on gauze pads. Area cleaned, DSB applied & non-adherent pads & gauze. I/m qd mild discomfort, pain med orders current. Medically cleared - M. Kennedy RN</p>

**UMASS CORRECTIONAL HEALTH
SICK CALL REQUEST FORM**

Print Name: Tony Baskins ID#: W52145
 Date/Time 11/22/04 Housing Location: Ten

Check **ONLY** One Box: ☒ Medical ☐ Dental ☐ Mental Health

Nature of problem or request: I have a cyst on my right shoulder that
needs to be drained. (Second request).

I consent to be treated by the healthcare staff for the condition described above.

Inmate Signature Tony Baskins

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

Date/Time Recieved	REFERRED TO:		
	Institution	<input type="checkbox"/> Nurse	<input type="checkbox"/> Midlevel <input type="checkbox"/> Physician
	Slip Sorted by:	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Dental <input type="checkbox"/> Other _____

Subjective:

Objective: T _____ P _____ R _____ B/P _____

*See
12/1*

Assessment:

VS

Plan [include inmate education]:

Signature & Title: _____ Date: _____ Time: _____

**UMASS CORRECTIONAL HEALTH
SICK CALL REQUEST FORM**

Print Name: JOHN GARDNER ID#: 1652145
Date/Time 5/23/05 Housing Location: DDU/C2#145

Check **ONLY** One Box: ☒ Medical ☐ Dental ☐ Mental Health

Nature of problem or request: I filed a grievance on this matter
about my shoulder, and this is my "third" sick slip
I have put in about it. I need to be seen.
I consent to be treated by the healthcare staff for the condition described above.

Inmate Signature John Gardner

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

Date/Time Received <u>3/23/05 1:10 pm</u>	C	REFERRED TO:
	Institution <u>C</u> Slip Sorted by: <u>MM</u>	<input type="checkbox"/> Nurse <input checked="" type="checkbox"/> Midlevel <input type="checkbox"/> Physician <input type="checkbox"/> Mental Health <input type="checkbox"/> Dental <input type="checkbox"/> Other _____

Subjective: c/o chronic shoulder pain since 12/8/04 s/p arthroscopy +
acromioplasty + resection of distal clavicle + removal of mass.
attended PT but doc would not then band in DDU reports someone
put order in for PT x 2. reports Ultram helped a pain, devices need
for other analgesics. long restriction to have only waist chains. neg.
Objective: T _____ P _____ R _____ B/P _____
① shoulder. ② gross deformity. ③ swelling. ④ ulcer. ~ 2" scar 2%.
on AC joint area. healed. limited ROM. ⑤ tenderness.
② cheeks + chin & raised papules approx. < 1cm. ③ pustules.
discrete.

Assessment: ① shoulder pain 2° to arthroscopy + acromioplasty
② acne

Plan [include inmate education]: ① consult completed by NP previously
② refer to PT - sheet completed
③ erythromycin 2% topical sol'n apply BID
PRN-acne x 100 days xOP
④ restriction form filled - for waistchains only
⑤ RTC PRN

Signature & Title: Anthony Acamp Date: 5/29/05 Time: 1415

UMASS CORRECTIONAL HEALTH
PROGRESS NOTES

NAME: <u>Mackinnon, Tracy</u>		ID # <u>W56145</u>	D.O.B. <u>7/16/67</u>
DATE	TIME	NOTES	
4/25/05		<p align="center"><u>Physical Therapy</u></p> <p>S: "My shldr. feels stiff today. I have pain."</p> <p>O: Rx cont. @ 1130 x 10" @ max resistance - US @ 1.5 w/cm² cont. x 5" to @ shldr. @ pt. sitting; then ex. @ 7# sup stance @ in place: V, I, etc. 600 x 10 reps.</p> <p>A: Rx tol well. Pt. tol wt. @ difficulty. Pt. advised to avoid: lats, flies, rips, pushups, bench Pt. c/o @ shldr. pain @ daily act.</p> <p>P: cont.</p> <p>Flu booked for 5/13/05 9am ✓</p>	

CARL SINGLETARY, M.D.

APR 28 2005

[Signature]

**UMASS CORRECTIONAL HEALTH
SICK CALL REQUEST FORM**

Print Name: TONY GARKINS ID#: W5245
 Date/Time: 4/28/05 Housing Location: DDU
 Check ONLY One Box: ☒ Medical ☐ Dental ☐ Mental Health

Nature of problem or request: My right shoulder is in a lot of
pain. I don't want to see anyone who can't prescribe
me pain medication. I only want to see the doctor.
 I consent to be treated by the healthcare staff for the condition described above.

Inmate Signature: Tom Garkins
 PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

Date/Time Received
4/28/05 1 PM

**MASSACHUSETTS
JUNCTION
HEALTH SERVICE UNIT**

☐ Nurse ☐ Midlevel ☒ Physician

☐ Mental Health ☐ Dental ☐ Other

Slip Sorted by:

 S/O s/p @ shoulder arthroscopy 12/04/04 NO E PT
 Subject: PK & d/o @ shoulder pain. Denies recent
 Objective: T P R E/P #171#
trauma or strain. no other dxs, S/Sx for any
skin or muscle causing severe swelling.
When asked @ shoulder to gross deformity. LADN 20
pain NT, & T color. SK @ arthroscopy b/c CE.
 Assessment: AP # @ shoulder pain as above with PK

Plan [include inmate education]:

E AAP PM. At mobile & HSA
ASIDE 20 GT vs comfort. If need
Analgesia, consider ASIDE & HSA.
N the blocker is PPI morphine.
x-rays @ arthroscopy as above. PK &
another lotion. Date: P for ARN.

Signature & Title:
 6022 Rev. 4/01




1050 CARL SINGLETARY, M.D.
 MAY 04 2005

UMASS CORRECTIONAL HEALTH

PROGRESS NOTES

Institution _____

NAME: Mackins, Tony ID # 1050145 D.O.B. _____

DATE	TIME	NOTES
4/25/05		<p>Physical Therapy</p> <p>S: "My shldr. feels stiff today. I have pain."</p> <p>O: Rx cont. w/ UBE x 10" w/ max resistance. US @ 1.5 w/cm² cont. x 5" to @ shldr. w/ pt. sitting. then ex. w/ 7#: Scap strengthening in prone: V, I, ext. all x 10 reps.</p> <p>A: Rx tol well. Pt. tol wt. w/ difficulty. Pt. refused to avoid: lats, flies, slips, push ups, bench Pt. c/o @ shldr. pain w/ daily act.</p> <p>P: Cont. </p>
5/13/05		<p>S: "My shldr. feels stiff. I hurt a little."</p> <p>O: Rx cont. w/ US @ 1.5 w/cm² cont. x 5" to @ shldr. w/ pt. sitting; UBE x 10" w/ max resistance; then ex. w/ 10#: Scap strengthening in prone: V, I, ext., @ sidelying @ ER. all ex. x 10 reps.</p> <p>A: Rx tol well. Pt. c/o shldr. pain, however is not limiting his daily act. Pt. tol wt. w/ difficulty. Pt. progressing well w/ F.T. Pt. @ HEP. all sta's met. Pt. working towards I/O.</p> <p>P: Cont. </p> <p>Flu 6/6/05 9 Am </p>

CARL SINGLETARY, M.D.

MAY 20 2005

MASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Tony Gaskins ID NUMBER W52145 D.O.B. 7/16/1967
 INSTITUTION MCI-C5 ALLERGIES ~~None~~ Penicillin
 DATE 12/8/2004 TIME 1400

ORDERS

- ① Admit HHSU SIP ② shoulder arthroscopy
- ③ VS Q5, notify MD if BP 7/60 < 50 HR 7/110 < 50
 RR 7/28 < 10, ④ > 101.5 F until D/C from HHSU
- ⑤ Tylenol #3 $\dot{\div}$ po q4 hours prn pain x 72°
- ⑥ Naprosyn 500 mg po q12° x 10 days
- ⑦ Sling ⑧ shoulder until LSH clears in F/U
- ⑨ keep drng dry Δ in 5 days DSD
- ⑩ remove staples 10 days
- ⑪ \emptyset cuff ⑫ Arm x 22 days
- ⑬ after 5 days drng Δ , Δ qd x 10 days

Noted 12/8/04 @ 2051

SIGNATURE Kathy Hunt, NP-C

Interchange is mandatory unless the prescriber writes the words
 "no substitution" in this space:

PRINT NAME Kathy Hunt, NP-C

NAME GASKINS, TONY ID NUMBER W52145 D.O.B. 7/16/67
INSTITUTION MC-CJ ALLERGIES Rebral
DATE (see below) TIME —

R/w ACYCLOVIR 400, (2x/day) x 90 days

~~Notes~~
Answer 6/25/16 10 am

Original (White): Retain in Inmate Medical Record
Copy (Yellow): Fax to Pharmacy: File with Pharmacy Orders

MASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY			
NAME	<u>Goskins, Tony</u>	ID NUMBER	<u>W52145</u> D.O.B. <u>7/16/67</u>
INSTITUTION	<u>mei-65/004</u>	ALLERGIES	<u>Reglon</u>
DATE	<u>(See below)</u>	TIME	<u></u>
ORDERS			
<p>(1) Acetaminophen 975mg PO 3x/day PRN shoulder pain x 90 days</p> <p>(2) Emollient skin lotion - apply to affected areas of dry skin 3x/week after showers x 100 days</p> <p><u>mtd mawm 3/4/16 3pm</u></p>			
<p>SIGNATURE <u>CARL SINGLETARY, M.D.</u></p> <p>PRINT NAME <u>MAY 04 2005</u></p> <p><u>1040 AM</u></p>			

Interchange is mandatory unless the prescriber writes the words
"no substitution" in this space:

NAME CASKINS, TONY ID NUMBER W52145 D.O.B. 7/16/67
INSTITUTION MCR - CS ALLERGIES Rebun
DATE 4/19/05 TIME 11 AM

R/W Alibabam mat 2 furs QID/RW x 90 days

~~Notes~~
Mubarak
4/11/15 11:10 A

SIGNATURE _____ APR 19 2005 _____
PRINT NAME _____

Original (White): Retain in Inmate Medical Record
Copy (Yellow): Fax to Pharmacy: File with Pharmacy Orders

MASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY			
NAME	<u>Gaskins, Tony</u>	ID NUMBER	<u>W52145</u> D.O.B. <u>7/16/67</u>
INSTITUTION	<u>ODU</u>	ALLERGIES	<u>Keplan</u>
DATE	<u>3/29/05</u>	TIME	<u>1440</u>
ORDERS			
<p>① erythromycin 2% topical sol'n apply to affected area 2x/day PRN - acute x 100 days xop</p> <p>② restriction form completed - <u>NO</u> cuffs behind back - <u>ONLY</u> apply waist chains</p> <p>③ refer to PT - sheet completed</p> <p align="right"><i>[Signature]</i> 3/29/05 3PM</p>			
<p>SIGNATURE <u><i>[Signature]</i></u> Interchange is mandatory unless the prescriber writes the words "no substitution" in this space:</p> <p>PRINT NAME <u>JOHN J. WONG, ACNP</u></p>			

UMASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Gaskins Tony ID NUMBER W52145 D.O.B. 7/16/67
INSTITUTION MC1 CT ALLERGIES Penicillin
DATE 2/10/05 TIME 3:00 PM

ORDERS

Acyclovir 400 mg po 2x day x 100 days

Noted 2/10/05 8PM Kennedy

SIGNATURE Sheila Porter Interchange is mandatory unless the prescriber writes the words
"no substitution" in this space:

PRINT NAME SHEILA PORTER, N.P.

4 PM
FEB 10 2005

UMASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Gaskins, Tony ID NUMBER W52145 D.O.B. 7/16/67
INSTITUTION MCI-CJ ALLERGIES Penicillin
DATE (See below) TIME _____

ORDERS

① Albuterol/MDI #1 puff qid PRN - KOP x100 days
② Flu CMP for CP in 3 wks
③ F/u CST with Olive in 2 hrs - consent
Note add chart 1/18/05 11pm
request
done

SIGNATURE CARL SINGLETARY, M.D.

JAN 18 2005

PRINT NAME

1015pm

Interchange is mandatory unless the prescriber writes the words
"no substitution" in this space:

UMASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Tony Gaskins ID NUMBER W 52145 D.O.B. 7/16/1967
 INSTITUTION Mu-CJ ALLERGIES neg/ur
 DATE 12/15/04 TIME 1700

ORDERS

- ① Ultram 100 mg po TID X 5 days, then ↓ ✓
 Ultram 50 mg po TID X 3 days, then ↓ ✓
 Ultram 50 mg po BID X 2 days, then DIC ✓
- ② cont APAP, DIC Naprosyn ✓
- ③ MOTRIN 600 mg po TID X 30 days prn ✓
 arm pain.
- ④ ~~soft cuff only to (R) hand - medical~~
~~restriction form completed~~ K
- ⑤ please have patient see me on 12/20/04 for F/U
 (have staple remover available) ✓

noted 12/20/04 5:58 PM Pembroke

SIGNATURE Kathy Stout, NREInterchange is mandatory unless the prescriber writes the words
"no substitution" in this space:PRINT NAME Kathy Stout NRE

MASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Garbino Tony ID NUMBER W52145 D.O.B. 7/16/67
 INSTITUTION MCI CJ ALLERGIES AKA pay for
 DATE 12/9/04 TIME 11 AM

ORDERS

D/c from HHSC after 3 PM 12/9/04
 D/c to d/c from HHSC
 Tylenol 975 mg po qid prn X 10 days
 (may take c No prescription)

noted 12/9/04 3P M. J. J. J.

SIGNATURE Sheila Porter RAC

Interchange is mandatory unless the prescriber writes the words
 "no substitution" in this space:

PRINT NAME SHEILA PORTER, N.P.

DEC 09 2004

MASS CORRECTIONAL HEALTH
PHYSICIAN'S ORDER

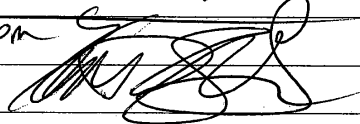
PRESCRIPTION ORDER - FOR DEPARTMENT OF CORRECTION INSTITUTIONAL USE ONLY

NAME Gaskins, Tony ID NUMBER W52145 D.O.B. 7-16-67
 INSTITUTION MCI-CJ ALLERGIES Reglan
 DATE 12/01/04 TIME 1900

ORDERS

NPO p midnight 12/7/04
 Stop all NSAIDS + ASA 11/30 → 12/8/04
 CBC & diff, LFTs, PT, PTT ← blood drawn
 by me 7/05

Noted 12/04 @ 10 PM



SIGNATURE Kathy Stout, NP-C

Interchange is mandatory unless the prescriber writes the words
 "no substitution" in this space:

PRINT NAME **Kathy J. Stout, NP-C**
Adult Nurse Practitioner

PHYSICAL THERAPY EVALUATION

Patient Name:

Garcia, Amy

WS2145

DIAGNOSIS

Date:

Pertinent Hx.

4 mos ago, he underwent arthroscopy, acromioplasty, resection of distal clavicle & removal of mabs. P.M.H. & now referred to PT for post-op rehab.

Social / Occupational Hx.

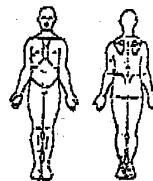
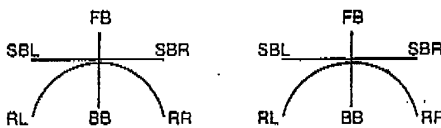
Precautions

STRENGTH & R.O.M.

		RIGHT		LEFT		COMMENTS
		STR	AROMP	STR	AROMP	
SHLD.	Flexion 0-180	3/5	4/5 *	3/5	4/5 *	* pain at end ROM
	Extension 0-90	3/5	4/5	3/5	4/5	
	Abduct. 0-160	3/5	4/5 *	3/5	4/5 *	
	In. Rot. 0-70	3/5	4/5 *	3/5	4/5 *	
	Ex. Rot. 0-90	3/5	4/5 *	3/5	4/5 *	
ELBOW	Flexion 0-145	4/5	4/5	4/5	4/5	
	Extension 0-0	4/5	4/5	4/5	4/5	
FOREARM	Pronat. 0-85					
	Supin. 0-85					
WRIST	Flexion 0-70					
	Extension 0-0					
GRASP						
HIP	St. Lee Raise 0-80					
	Flexion 0-120					
	Extension 0-25					
	Abduct. 0-45					
	Adduct. 0-30					
KNEE	In. Rot. 0-45					
	Ex. Rot. 0-45					
	Flexion 0-135					
ANKLE	Extension 0-0					
	Dorsiflex 0-20					
	Plantarflex 0-30					
	Invers. 0-35					
	Extension 0-20					

ACTIVE MOVEMENTS

Restricted J
Blocked II
Pain/Restr. X
Hypermobility N/A



TRUNK

Mobility
Strength
Posture

SPECIAL TESTS

(+) Shoulder (+) movement

PAIN: (0-10)

0-10 pain @ end ROM (+) shoulder - worse

PALPATION:

palp "click" 2 ROM (+) shoulder @ AC jt

(L)		(R)	
PA	ROT	SB	ROT
SB	ROT	SB	ROT
PA			
SB	ROT	SB	ROT
PA			
SB	ROT	SB	ROT
PA			
SB	ROT	SB	ROT

FORM 820-12 DIAMOND BUSINESS FORMS, INC. MA 01901 408 957 0880

CARL SINGLETARY, M.D.

APR 25 2005

Gaskins, Terry

GAIT:

NO

CARDIO-PULMONARY

SENSATION / SKIN

pt denies impairment

OTHER:

ASSESSMENT:

pt is a 34 yo male w/ r (R) shoulder arthroscopy accomplished
 & resection of distal clavicle & removal of mass
 pt is a good candidate for pt & good rehab potential

REF / EDUCATION: Today's RP:

CARE

LBT x tension

stnd
stndPT provided 2 symphysis
P2 handouts

4* PRL'S

come ex

Problem List:

1. ↑ pain
2. ↓ function
3. ↓ ROM - pain
4. ↓ MMT
5. _____
6. _____
7. _____

STG: Achieved in 1, 2, 3, 4 weeks

1. ↓ pain to MMT
2. ↑ ROM to LFC - painless
3. ↑ MMT by 3 MMT grade
4. ↑ flex ex program
5. _____
6. _____
7. _____

LTG: Achieved in 2, 4, 6, 8, 8+ weeks

min pain / max function

PATIENT / THERAPIST TREATMENT

Plan: 1, 2, 3, 4 5 times/week

1, 2, 3, 4 weeks

pt 2-4 hrs. for flex ex, modal as needed / indicated
 US, HP/CP etc

FLU booked for 4/25/05 9am

CARL SINGLETARY, M.D.

APR 25 2005

Signature & Title

4-5-05

Date

Signature & Title

Date



Physician Appointment Scheduler

Disposition:

MC 2-3 new if the test was

completable - call (617) 971-2000

Please stop by the Appointment Desk in Patient Registration to book the following appointments:

Clinic:

Dr. [Signature]

Physician:

Carroll

(Referring Institutions please note: call Appointment Desk to verify date and time prior to appointment. Authorizations are required.)

LS0001187240
GASKING, TONY
(508) 568-2100
UMASS CORRECTI
LS00074799
07/16/1967
ORT, L M

Lemuel Shattuck Hospital
170 Morton Street
Jamaica Plain, MA 02130

LSH ORTHOPEDIC CONSULT. RPT

Date/Time of Report: 04/14/05 1541

Patient: GASKINS, TONY

Unit #: LS00074799

Acct #: LS0001127240

Ordering Doctor: CONNOLLY, MARY PA

Patient Location: ORT.L

Associated Orders: ORTHOPEDIC CLINIC CONSUL LEV 3

Pt now receiving Physical Therapy for R shoulder. He demonstrates good understanding of exercises and appears motivated.
I explained this will take some time to rebuild strength.
RTC 2-3 months if he still has complaints.

Call 617-971-3595 for appointment

Signed by:

Dictated By: CONNOLLY, MARY PA

Co-Signed by:

Co-Dictated By:

Dictated Date: 04/14/05

Page: 1

CARL SINGLETARY, M.D.

APR 28 2005



UMASS CORRECTIONAL HEALTH
CONSULT
PT / REHAB REFERRAL

#130225

4/5/05
9 AM

DDU

Send ortho notes

Name: TONY GASKINS Age: 34 ID#: W52145

Referring MD: STANLEY GALAS, NP Date: 3/17/05

Diagnosis for which physical therapy recommended: S/P (R) SHOULDER
ARTHROSCOPY & E/O DISTAL CLAVICLE & 3 MOS

Brief history of illness leading to need for rehabilitation including date of onset: _____

OBJECTIVE FINDINGS

Neurological Orthopedic exam describing each functional impairment: ATROPHY AT
THE SUPRASPINATUS AREA. ABDUCTION, FLEXION AGAINST RESISTANCE
VERY WEAK. ABILITY TO PUSH (L) ARM FAIR COMPARED TO EXCELLENT
ON (R)

Specific functional goals / endpoints to be expected from therapy: NEEDS PT FOR
MUSCLE STRENGTHENING 2X/WEER

Specific therapy plans and / or orders directed towards reaching each goal: ↑
MUSCLE STRENGTHENING (R) ↑ EXTREMITY

End point defining discharge readiness: _____

PT Evaluation / Progress and Recommendations: _____

UMass Correctional Health Program - DRAFT 12.16.2002

Consultation Request☐ Off-Site (Check Those That Apply)☐ Emergency☐ Specialty Clinic☐ Ambulance☐ On-Site☐ On-Site Clinic

Reference Number:

① PT 4/5/05 9am
130225② Ortho 4/14/05 100 pm
130928

Inmate:

Bastano Tony

Inmate ID:

W52145

DOB:

7/16/67

Facility:

HCC CT DP

Cost Center:

Incarceration Date:

LIFE

Procedure/Test/Specialty Requested:

① PT-muscle strengthening
② F/O Ortho

Provider:

D. Sturges M.D. PT
③ ST Ortho / Dr. Carroll

Prescribed Diagnosis:

S/P Rotator cuff arthroscopy

Surgical Description:

Arthroscopic debridement & resection of distal clavicle & removal of labral tear 4/5/05

Reimbursement Data:

see clinic report of 3/10/05

Laboratory & X-Ray Data:

NA

Current Medication / Failed Outpatient Therapies:

Albuterol MDI
Baylis 400 bid

Other Diagnoses / Alerts:

asthma

Expectation from Approved Procedures:

↓ pain, improved ROM

Comments:

Referring Clinician:

If Applicable

State-Wide Medical Director:

CARL SINGLETARY, M.D.

Signature:

Signature:

Date:

Date:

MAR 29 2005

☐ M & R☐ InterQual☐ Saunders☐ Other☐ Criteria Met☐ Criteria Not Met☐ More Info Requested

Initials:


Date:

BA 4/10/05

*For security reasons, inmates must NOT be informed of date, time, or location of proposed treatment or possible hospitalization



Physician Appointment Scheduler

LS0001046960 GASKINS, TONY (508) 668-2100 UMASS CORRECTI	LS00074799 07/16/1967 ORT. L M 
---	---

Disposition: PTZ - 4 weeks - pls call (617) 971-3595 to book

Please stop by the Appointment Desk in Patient Registration to book the following appointments:

Clinic: Dalkin Physician: Carrillo

(Referring Institutions please note: call Appointment Desk to verify date and time prior to appointment. Authorizations are required.)

Lemuel Shattuck Hospital
170 Morton Street
Jamaica Plain, MA 02130

LSH ORTHOPEDIC CONSULT. RPT

Date/Time of Report: 03/10/05 1510

Patient: GASKINS, TONY

Unit #: LS00074799

Acct #: LS0001046960

Ordering Doctor: CARRILLO, ADRIANA MD

Patient Location: ORT.L

Associated Orders: ORTHOPEDIC CLINIC EST PT LEV 3

Pt is now 3 months post R shoulder scope and E/O distal clavicle.
He is able to perform full ROM but remains very weak.

PE: Atrophy at the supraspinatus area continues

Abduction, flexion against resistance are very weak.

Ability to push the arm forward is fair compared to excellent on the L

Pt needs Physical Therapy for muscle strengthening or he will injure another area as he attempts to compensate. I understand he is in segregation and cannot have the Theraband so please send in for therapy 2X/week.

RTC 4 weeks-call 617-971-3595 for appointment

Signed by:

Dictated By: CONNOLLY, MARY PA

Co-Signed by:

Co-Dictated By:

Dictated Date: 03/10/05

CARL SINGLETARY, M.D.

MAR 29 2005

UMass Correctional Health Program - DRAFT - 12.16.2002

Consultation Request

☒ Off-Site (Check Those That Apply) Reference Number: 130225
☐ Emergency ☒ Specialty Clinic ☐ Ambulance 4-5-05 9am
☐ On-Site ☐ On-Site Clinic
 Inmate: Gaskins, Tony Inmate ID: W52145 DOB: 7/16/67
 Facility: DDU Cost Center: _____ Incarceration Date: _____
 Procedure/Test/Specialty Requested: PT Provider: _____

Presented Diagnosis:	ICD Code:
s/p arthroscopy + acromioplasty + resection of distal clavicle	
Laboratory & X-Ray Data:	
(R) shoulder pain s/p surgery (1) (R) shoulder. (2) gross deformity. (3) swelling. (4) callus. ~ 2" scar on ac joint area. healed. limited ROM. (5) tenderness (6) arthroscopy + acromioplasty + resection of distal clavicle + removal of mass	
Laboratory & X-Ray Data:	
Current Medication / Failed Outpatient Therapies:	
Other Diagnoses / Alerts:	
Expectation from Approved Procedures:	
Comments:	


Referring Clinician: JOHN J. WONG, ACNP Signature: [Signature] Date: 3/29/05
 If Applicable
 State-Wide Medical Director: _____ Signature: _____ Date: _____

Consultation Requested (If Applicable)
☐ M & R ☐ InterQual ☐ Saunders ☐ Other
☐ Criteria Met ☐ Criteria Not Met ☐ More Info Requested
 Initials: _____ Date: _____

* For security reasons, inmates must NOT be informed of date, time, or location of proposed treatment or possible hospitalization



Physician Appointment Scheduler

LS0001017037 GASKINS, TONY (508) 668-2100 UMASS CORRECTI	LS00074799 07/16/1967 ORT. L M 
---	---

Disposition: _____

Not a week

Please stop by the Appointment Desk in Patient Registration to book the following appointments:

Clinic: *OKH* Physician: *Carroll*

(Referring Institutions please note: call Appointment Desk to verify date and time prior to appointment. Authorizations are required.)

Lemuel Shattuck Hospital
170 Morton Street
Jamaica Plain, MA 02130

LSH ORTHOPEDIC CONSULT. RPT

Date/Time of Report: 01/10/05 1031

Patient: GASKINS, TONY

Unit #: LS00074799

Acct #: LS0001017037

Ordering Doctor: CARRILLO, ADRIANA MD

Patient Location: ORT.L

Associated Orders: ORTHOPEDIC CLINIC EST PT LEV 3

Mr Gaskins comes today for a follow up after right shoulder arthroscopy acromioplasty and resection of distal clavicle + removal of mass.

Patient states that he has a lot of pain in the right shoulder, he has been doing pendulum exercises and the arm is weak.

PE:

Surgical wounds are healing well, minimal edema of the shoulder, muscle atrophy specially of the deltoid muscle, decreased ROM ABD 90 ant flexion 90, IR 5 ER 40.

A/P

Mr Gaskins is s/p shoulder arthroscopy acromioplasty and resection of distal clavicle + removal of mass, pathology of mass showed a lipoma.

Patient has very decreased ROM, he need to start OT for ROM and strengthening of the right shoulder, 2 times a week for 4 weeks; continue codman exercises, he was given also some exercises and a theroband.

If ROM does not improved and pain does not decreased by next follow up visit he may need an MUA.

FOLLOW UP IN 4 WEEKS

DO NOT CUFF RIGHT ARM

Signed by:

Dictated By: CARRILLO, ADRIANA MD

Co-Signed by:

Co-Dictated By:

Dictated Date: 01/10/05

Page: 1

CARL SINGLETARY, M.D.

JAN 13 2005



Lemuel Shattuck Hospital
170 Morton Street
Jamaica Plain, MA 02130

LSH OT PROGRESS NOTE

Patient: GASKINS, TONY
Unit #: LS00074799
Ordering Doctor: CARRILLO, ADRIANA MD
Acct #: LS0001017037
Patient Location: ORT.L
Associated Orders: OT Therapeutic Exercise

OCCUPATIONAL THERAPY Progress Note

PT. WAS INSTRUCTED IN ROM AND STRENGTHENING EXERCISES. HE DEMONSTRATED ABILITY TO DO ALL EXERCISES. STRENGTHENING EXERCISES INCLUDED ISOMETRIC AND THERABAND. HE WAS GIVEN WRITTEN INSTRUCTIONS FOR ALL EXERCISES AND ALSO GIVEN THERABAND.

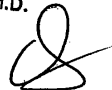
Authenticated by: Michael A Accardi
Date: 01/10/05

Additional Therapists: Michael A Accardi
Co-Authenticated by:
Co-Dictated By:

Page: 1

CARL SINGLETARY, M.D.

JAN 18 2005



UMass Correctional Health Program - DRAFT 12.16.2002

Consultation Request☒ Off-Site (Check Those That Apply)

Reference Number: 127800

☐ Emergency☒ Specialty Clinic☐ Ambulance3-10-05 1⁰⁰ pm☐ On-Site☐ On-Site Clinic

Inmate:

Gaskins, Tony

Inmate ID:

452145

DOB:

7/16/67

Facility:

MCI-CJ

Cost Center:

Incarceration Date:

Life

Procedure/Test/Specialty Requested:

orthopedic flc

Provider:

Dr. Carrillo / Lstt ortho

Presumed Diagnosis:
Post-OP Flc s/p @ Shoulder arthroscopy
acromioplasty resection of bursal chord + removal of mass (labeled 12/8/04. At seen in flc 1/10/05 by ortho & referred to OT for exercises 20 very ROM. Explain for
Exam Data: MCI
(see 1/10/05 ortho note)
Laboratory & X-Ray Data
NA
Current Medication / Failed Outpatient Therapies:
none
Other Diagnoses / Alerts:
Asthma
Expectation from Approved Procedures:
px of ROM, improved ROM @ Shoulder
Comments:

Referring Clinician:

CARL SINGLETARY, M.D.

If Applicable

JAN 18 2005

Signature:

Date:

~~State Wide Medical Director:~~

Signature:

Date:

☐ M & R☐ InterQual☐ Saunders☐ Other☐ Criteria Met☐ Criteria Not Met☐ More Info Requested

Initials:

Date:


* For security reasons, inmates must NOT be informed of date, time, or location of proposed treatment or possible hospitalization
 * Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions Prior



Physician Appointment Scheduler

LS0001016112
GASKINS, TONY
(508) 668-2100
UMASS CORRECTI

LS00074799
07/16/1967
ORT. L M



Disposition:

PTC 2 weeks

Please stop by the Appointment Desk in Patient Registration to book the following appointments:

Clinic: ortho Physician: Connolly

(Referring Institutions please note: call Appointment Desk to verify date and time prior to appointment. Authorizations are required.)

Consultation Request

☒ Off-Site LSH ☐ Emergency Ref: 126622
☒ Specialty Clinic - ortho - PA Connolly ☐ Ambulance Date: 1/10/05 9am
☐ On-Site Clinic:

Inmate: Tony Gaskins Inmate ID: W52145 DOB: 7/16/1967
 Facility: MU-CJ Cost Center: Incarceration Date:

Procedure/Test/Specialty Requested: F/u - S/P (R) Estimated Release Date: Connolly
 Provider:

Presumed Diagnosis: Shoulder arthroscopy - (R) Shoulder clavicle shaving ICD Code:

ANK F/u
Supporting Symptomatology:
8/10 surgery 12/08/04 - Above - Impingement syndrome & mass (R)
Shoulder
Last F/u 12/27/04 - requested another F/u 2 weeks

Exam Data:
Wound clean, sling in place, no pain/numbness
on restrictions -

Laboratory & X-Ray Data:

Current Medication / Failed Outpatient Therapies:
Allergic: penicillin

Other Diagnoses / Alerts:
See Above Asthma h-x

Expectation from Approved Procedures:

Comments:

Kathy J. Stout, NP-C
 Referring Clinician: Adult Nurse Practitioner Signature: Kathy Stout, NP-C Date: 12/27/04

For security reasons, inmates must NOT be informed of date, time, or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior approval of UMCH State-wide Medical Director is required for additional procedures or hospitalization.



Clinic Visit ~ Follow-up Consultation

Consult done for
FLA 45

Date: 12-27-04 Clinic: [redacted] Primary Provider: [redacted] 12/27
Vital signs: BP _____ P _____ RR _____ Temp _____ Wt _____ O2-Sat _____

2 WEEKS Post- (R) SHOULDER
ARTHROSCOPY, ACROMIOPLASTY & B/L
DUMM CLAVICLE

STAPLER REMOVED ON - 5/15
WOUND IS ESSENTIALLY HEALED. DRS
FOR HAND DRESSING. KEEP
CLEAN & DRY.

STILL IN PAIN P DURING GROUND
SIZES & ROM LIMITED
HAVE INSTRUCTED IN POSTURAL
EXERCISES
NO LIFTING > 5 LBS
NO EXTENSION OF ARM
NO TUFF (R) ARM

RTC 2 WEEKS

☐ Problem List-reviewed/updated

☐ Med. Sheet - reviewed/updated

Page of

Consultant's Signature/Print:

Connelly, PT

Phone/Beeper:

465-8686

RTC:

2 WEEKS

White Copy: Medical Records

Yellow Copy: [redacted] CARLOS INGLETARY, M.D.

OP018.09/01

JAN 06 2005

Address/aph

GASKINS, TONY
MCH CJ

LS0001016112

LS00074799

GASKINS, TONY

07/16/1967

(508) 668-2100

ORT. L M

UMASS CORRECTI



Samuel Shattuck Hospital
Department of Pathology
170 Morton Street
Jamaica Plain, MA 02130
Tel: 617-971-3311 FAX: 617-971-3626

SURGICAL PATHOLOGY REPORT

Patient Name:	GASKINS, TONY	Surg Path #:	S04-1274
DOB/Age/Sex:	07/16/1967 37/M	Date Obtained:	12/08/04
Med Rec #:	LS00074799	Date Received:	12/08/04
Account #:	LS0000992859	Submitting Physician:	CARRILLO, ADRIANA MD
Location:	SDC.L	Report to:	

Specimen Submitted:

1. Mass - Right Shoulder
2. Distal end of clavicle - & Shavings, Right Shoulder

FINAL DIAGNOSIS:

#1-Right shoulder mass-

-Mature fibroadipose tissue consistent with lipoma.

#2-Right shoulder distal end of clavicle and shavings-

-Bone, cartilage with degenerative changes and reactive synovium consistent with degenerative joint disease.

4 H&E

Dictated by: David E Ricklan MD

Gross Description:

#1-Specimen received in formalin labeled " right shoulder mass ", consists of circumscribed fatty tissue measuring 3.5 x 3 x 1.5 cm. Representative sections submitted.

(2 Blocks)

#2-Specimen received in formalin labeled " right shoulder distal end clavicle & shavings ", consists of multiple fragments of bone measuring in aggregate 5 x 3 x 1.5 cm. Also received are multiple fragments of soft tissue contained in a sac measuring in aggregate 1 x 1 x 1 cm. Representative sections of soft tissue are submitted in block 1 and Representative sections of bone are submitted in block 2 after decalcification.


(2 Blocks)

(DR)

Clinical History:

Pre-Operative Diagnosis: Impingement syndrome and mass right shoulder

Post-Operative Diagnosis: Same

Pathologist:  David E Ricklan MD

Date Completed: 12/10/04

CARL SINGLETARY, M.D.

DEC 16 2004

Page 1 of 1

Consultation Request

Off-Site LSH - Ortho

Emergency

Reference Number:

has Appt
12-27-04
0900

Specialty Clinic

Ambulance

126174

On-Site Clinic:

Inmate: Tony GaskinsInmate ID: W-52145DOB: 7/16/1967Facility: MU-CJ

Cost Center:

Incarceration Date:

Procedure/Test/Specialty Requested: Flu post-op

Estimated Release Date:

Provider: Dr. Carrillo

Presumed Diagnosis:

ICD Code:

Slp (R) shoulder arthroscopy
elo distal clavicle on 12/8/04

Supporting Symptomatology:

(R) arm to sling, Drsg dry + intact incision/staples intact,
clean, & alythemia, wound margins approximated. Full ROM
hand/fingers - nail beds pink wtd

Exam Data:

See Above, healing well
Sling in place

Laboratory & X-Ray Data

Current Medication / Failed Outpatient Therapies:

Other Diagnoses / Alerts:

NO cutt (R) Arm

Expectation from Approved Procedures:

Comments:

Adult Nurse Practitioner
Kathy J. Stout, NP-C
12/15/04Referring Clinician: K Stout, NP-C

Signature:

Date:

* For security reasons, inmates must NOT be informed of date, time, or location of proposed treatment or possible hospitalization
 * Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions Prior
 approval of UMCH State-wide Medical Director is required for additional procedures or hospitalization.

Patient Care Referral Form

FROM: LSH

Unit/Clinic _____

ADDRESS _____

TEL _____

ADM. DATE 12-8-04DISCH. DATE 12-8-04

TO: _____

ADDRESS: _____

TEL _____

MEDICARE NO. & LETTER _____

PLAN _____

A B

BLUE CROSS NO. _____

SOC. SEC. NO. _____

TEL _____

CLINIC APPOINTMENTS _____

DATE _____

TIME _____

Agency Worker
Office Address
Telephone _____

DIAGNOSIS (S) Surgery Performed and Date, Allergies or Infections

SIP (R) SHOULDER ARTHROSCOPY
ACROMIOPHYSY & EP DISTAL CHORD

UNKNOWN

Is Patient Family aware of diagnosis?

PHYSICIAN'S ORDERS: (Include specific orders for Diet, Lab Tests, Speech, and O.T.)

Date of last physical _____

TRANSPORT BY: ☐ Ambulance ☐ Car

MEDICATION

STRENGTH AND FREQUENCY

DATE & TIME OF LAST DOSE

Tylenol #3 11 PM 9:30 PM X

Morphine 50mg PO 9:12 X 10 Days

SLING (R) MY HAND HELD - UP

Keep Dressing dry. Change Dressing
in 5 days then 250 Days. Return
Sling on 510 10 Days

TREATMENTS & FREQUENCY: _____

H/O MON 12-27-04 9 AM

NO CUFF Right arm.

DIET: _____

PHYSICAL THERAPY: _____

Restrict Activity ☐ Yes ☐ NoSensation Impaired ☐ Yes ☐ No

Precautions

Weight Bearing Status - Non-Weight ☐Partial-Weight ☐Full-Weight ☐

SPECIFIC TREATMENT & FREQUENCY: _____

ANTICIPATED GOALS: _____

REHABILITATION POTENTIAL IS: _____

HOME HEALTH SERVICES: _____

☐ NURSING☐ OCC. THERAPY☐ SPEECH THERAPY☐ SOCIAL WORK☐ H.H. AIDE☐ OTHER-SPECIFY _____The above services require Level of Care: ☐ I ☐ II ☐ III ☐ IV

If Chronic Hospital, Why? _____

CERTIFICATION: * (when applicable)

Services above needed to treat condition for

which patient was hospitalized ☐ Yes ☐ No

I certify that the above named patient is: (check one)

☐ Under my care (or has been referred to another

physician having professional knowledge of patient's

condition); is home bound except when receiving out-

patient services; requires skilled nursing care on

an intermittent basis or physical or speech therapy

as specified in the orders.

☐ Requires skilled nursing care on a continuing

basis for any of the conditions for which he/she

received care during this hospitalization.

H. Connolly

Signature

M.D.

Connolly

Print Name

M.D.

Tel. 522

Date 12-2-04

Will follow ☐ Yes ☐ No - If no, who?

CARL SINGLETARY, M.D.

ADDRESS: _____

DEC 03 2004

DMC 71

APPROVED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

LEMUEL SHATTUCK HOSPITAL
OPERATING ROOM
OPD ARTHROSCOPY PROTOCOL
OPD TEACHING/DISCHARGE SUMMARY

LS0000992859 LS00074799
M 07/16/1967 37
GASKINS, TONY
SDC.L
WHITE LAW, GEOR

POST-OP CARE**1. WOUND CARE**

- SLP Right Shoulder Arthroscopy*
Acromioplasty + Distal Clavicle Resection
- Ace bandage and underlying dressing to be removed after 48 hours.
- Band-aids should be applied to all portal areas.
- Keep wound areas dry (no showers) until the fifth post-operative day.
- You can re-apply the ace bandage to the leg after the band-aid has been applied to provide light pressure and decrease swelling. (Do Not Apply Tightly).

Keep dry. Change dressing 5 days then DSD qdly x day. Staple/Remove Sutures in 10 days on site.

2. SPECIAL INSTRUCTIONS

- Keep leg elevated up on pillows while at rest, this helps to reduce swelling.
- Follow exercise and crutch walking per physical therapy's orders and let pain be your guide.
- You need to monitor your *hand* leg closely for the first 24 hours to check for abnormalities.
 - You may have staining to the ace wrap, but this is normal. Excessive staining should be reported.
 - Check C.S.M. of the extremity. (Color, Sensitivity, Movement)
Color - *feet* should remain pink.
 - Sensitivity - You should have no change in the extremity.
 - Movement - You should be able to wiggle your *toes* and bend your knee. *Wrist*
- You should start your diet with clear liquids and advance to a regular diet as tolerated.
- You should void 7 hours post-operatively. *by 5:00pm 12/8/04*
- Pain medication is prescribed on an individual basis. Pain should decrease to a level of where medication is not necessary within 3-5 days.

3. ADDITIONAL INSTRUCTIONS

- Tylenol #3, 2 tabs by mouth every 3hrs PRN x 720*
- Naprosyn 500mg by mouth every 120 x 10 days*
- Keep arm in sling until follow-up*

THE ABOVE INSTRUCTIONS HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THEM.

It is unable to sign 2° Right Handed/ 12/8/04
PATIENT/RESPONSIBLE PARTY DATE

I HAVE REVIEWED THE ABOVE INSTRUCTIONS WITH THE PATIENT/RESPONSIBLE PARTY.
HE/SHE DID/DID NOT DEMONSTRATE SATISFACTORY UNDERSTANDING.

ABCeubh
NURSE

12/8/04
DATE

COMPLETE AFTER DISCHARGE:

Condition

Discharge Time

Mode

CARI SINGLETARY, M.D.

Discharge Destination

Accompanied By

Referral Papers

DEC 05 2004

OPERATING ROOM

F8X:01/5/13/03

UCT 5 2004 8:36

P.02



Ambulatory Day History & Physical / 24 Hour Form (Each line must have a response)

Service: OrthoDate: 12/1/14 Attending:Chief Complaint: chronic (R) shoulder pain -History of Present Illness: lipoma - (R) shoulder, (R) A/C joint OA (chronic)

Past Medical Hx / ROS	No	Yes	Details
Allergies		✓	Reglan → SE
Current Medications			
Past Surgeries / Procedures			
Smoking		✓	100 yr pack hx
Alcohol / Substance Abuse			
Cardiovascular Disease			
Respiratory Disease		✓	(+) Asthma, (+) Seasonal Allergies
GI Disease			
Endocrine Disease			
Renal Disease			
Bleeding Disorder			
Neurological Disorder			
Psychiatric Disorder			
Musculoskeletal Disorder		✓	tendonitis (L) elbow, chronic (L) OA A/C joint

Physical Exam: T 91 P 88 RR 17 BP 132/88 WT 151 # Pain 4 of 10

	Normal	Abnormal	Details
HEENT	✓		
Heart	✓		8 exudate pharynx - mares clear, Tm's peachy grey
Lungs	✓		51-52 & (M) gallops or rales.
Abdomen	✓		clear anteriorly - slight white posterior base flex, 800/700
GU	✓		soft N/R N/D
Neurosensory	✓		
Musculoskeletal Disorder		✓	painful ROM (R) UE shoulder

Labs CBC diff, LFT's, PT, PTT pending

EKG

X-rays

Impression / Preoperative Diagnosis: (R) OA shoulder & A/C jointPre-Op Diagnosis: samePlan: SurgeryLVCS, I
(GI Procedures, etc)

☒ The patient remains an appropriate candidate to undergo the planned procedure, sedation / anesthesia; patient evaluated immediately prior to LVCS.

Resident/PA Signature (Print)

Date

Addressograph

Kathy J. Stout, NP-C
Attending Signature (Print) Adult Nurse Practitioner

Date

CARL SINGLETARY, M.D.

OPD-03-04/01

DEC 1 2 2004

Consultation Request

☒ Off-Site ☐ Emergency Ref: ☐ Number: 12/8/04 7pm
☐ Specialty Clinic ☐ Ambulance 125541
☐ On-Site Clinic

Inmate: Gaskins, Tony Inmate ID: W52145 DOB: 7-16-67
 Facility: CJ Cost Center: Incarceration Date:

Procedure/Test/Specialty Requested: Ⓡ Shoulder Arthroscopy Estimated Release Date: Life
 Provider: LSH - Ortho

Presumed Diagnosis: Ⓡ AC joint OA ICD Code:

Supporting Symptomatology:
pain Ⓡ Shoulder x 1-2 years. Seen by
orthopedics on 11/22/04, recommended E/O
distal clavicle.

Exam Data:
see ortho note of 11/22/04

Laboratory & X-Ray Data:

Current Medication / Failed Outpatient Therapies:
3 cortisone injections, physical therapy & tens
and NSAIDS

Other Diagnoses / Alerts:

Expectation from Approved Procedures:
Ⓡ Shoulder arthroscopy to ↑ ROM & pain

Comments:

Referring Clinician: S Parker NP Signature: [Signature] Date: 12/8/04

* For security reasons, inmates must NOT be informed of date, time, or location of proposed treatment or possible hospitalization
 * Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions Prior
 approval of UMCH State-wide Medical Director is required for additional procedures or hospitalization.


CARL SINGLETARY, M.D.

DEC 12 2004



Physician Appointment Scheduler

LS0000911354
GASKINS, TONY
(508) 658-2100
UMASS CORRECTI

LS00074799
07/16/1967
ORT. L M


Disposition: _____

SWL

250
250
250
250
250
Please stop by the Appointment Desk in Patient Registration to book the following appointments:

Clinic: _____

ORTHO

Physician: _____

Carrillo

(Referring Institutions please note: call Appointment Desk to verify date and time prior to appointment. Authorizations are required.)

Lemuel Shattuck Hospital
170 Morton Street
Jamaica Plain, MA 02130

LSH ORTHOPEDIC CONSULT. RPT**Date/Time of Report:** 11/22/04 1156**Patient:** GASKINS, TONY**Unit #:** LS00074799**Acct #:** LS0000911354**Ordering Doctor:** CARRILLO, ADRIANA MD**Patient Location:** ORT.L**Associated Orders:** ORTHOPEDIC CLINIC NEW PT LEV 3

37 yo AA male well known to me. AC Joint OA that has had little response to cortisone injections. His exam reveals crepitus with flexion and abduction and pain over AC Joint

x-ray: No space at AC Joint; Small amount space with weight

ASS: OA I AC Joint

REC: ~~✓~~ shoulder arthroscopy and E/O distal clavicle

Signed by:

Dictated By: CONNOLLY, MARY PA

Co-Signed by:

Co-Dictated By:

Dictated Date: 11/22/04

Page: 1

noted
CARL SINGLETARY, M.D.

DEC 12 2004

Michelle done

*Surgery
Scheduled for*

*12/8/04
7am*

*orders ①
needs; CBC & diff
LFTs, PT, PTT*

*② H/P, ③ NPO p midnight
12/7*

*④ Stop all ASA + NSAIDs
today → 12/8*

**UMASS CORRECTIONAL HEALTH
MEDICAL RESTRICTIONS**

DDU
INSTITUTION

Gaskins, Tony
NAME

W52145
ID #

7/16/67
D.O.B.

3/29/05
DATE

TO: _____
(D.O.C. DESIGNEE)

The above named inmate has been determined to have the following needs / restrictions due to a current medical condition:

TYPE:	DATE	(FROM)	TO
NO WORK STATUS	_____	_____	_____
LIGHT WORK STATUS	_____	_____	_____
BOTTOM BUNK	_____	_____	_____
SPECIAL EQUIPMENT (DESCRIBE BELOW)	_____	_____	_____
OTHER (DESCRIBE BELOW)	_____	_____	_____

TRANSPORTATION RESTRICTIONS:

NO WAISTCHAINS	_____	_____
NO HANDCUFFS	<u>WAIST CHAINS ONLY</u>	<u>3/29/05</u>
NO ANKLE RESTRAINTS	_____	<u>6/29/05</u>
VEHICLE WITH CAR SEATS	_____	_____
MEDICAL VAN	_____	_____

MEDICAL REASON:

@ shoulder pain - only apply waist chains to inmate

SUBMITTED BY: [Signature] DATE: _____ TIME: _____
 REVIEWED BY: [Signature] DATE: 3/31/05 TIME: 0915
 APPROVED BY: CARL SINGLETARY, M.D. DATE: _____ TIME: _____
 HSA
 SITE MEDICAL DIRECTOR

MAR 30 2005

(ORIGINAL IN MEDICAL RECORD AFTER APPROVAL)
(COPY TO D.O.C. DESIGNEE)

**UMASS CORRECTIONAL HEALTH
MEDICAL RESTRICTIONS**

MCI-W
INSTITUTION

Gaskins, Tony W52145 7/10/67
NAME ID # D.O.B.
2/11/05
DATE

TO: _____
(D.O.C. DESIGNEE)

The above named inmate has been determined to have the following needs / restrictions due to a current medical condition:

TYPE:	DATE	(FROM)	TO
NO WORK STATUS	_____	_____	_____
LIGHT WORK STATUS	_____	_____	_____
BOTTOM BUNK	_____	_____	_____
SPECIAL EQUIPMENT (DESCRIBE BELOW)	_____	_____	_____

OTHER (DESCRIBE BELOW)

* waistchains c(R) cuff extension 2/11/05 3/10/05

TRANSPORTATION RESTRICTIONS:

NO WAISTCHAINS	_____	_____
NO HANDCUFFS	_____	_____
NO ANKLE RESTRAINTS	_____	_____
VEHICLE WITH CAR SEATS	_____	_____
MEDICAL VAN	_____	_____

MEDICAL REASON:

limited Rom (R) shoulder

SUBMITTED BY: [Signature] DATE: _____ TIME: _____
HSA
REVIEWED BY: [Signature] DATE: 2/16/05 TIME: 0915
HSA
APPROVED BY: _____ DATE: _____ TIME: _____

SITE MEDICAL DIRECTOR
CARL SINGLETARY, M.D.

945AM
(ORIGINAL IN MEDICAL RECORD AFTER APPROVAL)
(COPY TO D.O.C. DESIGNEE)

8002 Rev. 5-97

FEB 15 2005

**UMASS CORRECTIONAL HEALTH
RELEASE OF RESPONSIBILITY**

MCI-CJ
Institution

Name: Gaskin, Tony ID # W52145 D.O.B. _____

I hereby refuse to accept the following treatment / recommendations:

To have staples removed by nurse
12/18/04 as ordered - wants M.D. to remove
Monday.

Potential Health Care Risk Associated With Refusal:

Improper healing of site.

I acknowledge I have been fully informed of and understand the above treatments or recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless UMass Correctional Health, its employees and agents from all responsibility and ill effect which may result from this action.

[Signature]
Inmate Signature

12/18/04
Date/Time

[Signature]
UMass Correctional Health Witness

12/18/04
Date/Time

The aforementioned inmate has refused the listed medical treatment / recommendations and has refused to sign this form.

UMass Correctional Health Witness

Date/Time

UMass Correctional Health/Other Witness

Date/Time

JMS

**UMASS CORRECTIONAL HEALTH
MEDICAL RESTRICTIONS**

MA-CJ
INSTITUTION

Tomy Gaskins W52145 7/16/67
NAME ID # D.O.B.
12/15/04
DATE

TO: _____
(D.O.C. DESIGNEE)

The above named inmate has been determined to have the following needs / restrictions due to a current medical condition:

TYPE:	DATE	(FROM)	TO
NO WORK STATUS	_____	_____	_____
LIGHT WORK STATUS	_____	_____	_____
BOTTOM BUNK	_____	_____	_____
SPECIAL EQUIPMENT (DESCRIBE BELOW)	_____	_____	_____
OTHER (DESCRIBE BELOW)	_____	_____	_____

TRANSPORTATION RESTRICTIONS:

NO WAISTCHAINS	_____	_____
NO HANDCUFFS Right arm	<u>12/15/04</u>	<u>12/27/04</u>
NO ANKLE RESTRAINTS	_____	_____
VEHICLE WITH CAR SEATS	_____	_____
MEDICAL VAN	_____	_____

MEDICAL REASON:

Medical/surgical reasons
CUFF ATTACHED TO WAIST CHAIN LM
ARM TO REMAIN IN SLEEP

SUBMITTED BY: K. Stunt, NP-C DATE: 12/15/04 TIME: 2000
MD/PANP
REVIEWED BY: _____ DATE: _____ TIME: _____
HSA
APPROVED BY: _____ DATE: _____ TIME: _____

CARL SINGLETARY, M.D. 1030
CHIEF MEDICAL DIRECTOR

DEC 17 2004

(ORIGINAL IN MEDICAL RECORD AFTER APPROVAL)
(COPY TO D.O.C. DESIGNEE)

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF CORRECTION

103 CMR 491.00 INMATE GRIEVANCES

SECTION

- 491.01 Purpose
- 491.02 Authorization
- 491.03 Cancellation
- 491.04 Applicability
- 491.05 Access to Regulations
- 491.06 Definitions
- 491.07 Informal Resolution
- 491.08 General Requirements
- 491.09 Initiating a Grievance
- 491.10 Processing a Grievance
- 491.11 Emergency Grievances
- 491.12 Appeal Process
- 491.13 Central Office Review
- 491.14 Settlements
- 491.15 Inmate Transfers
- 491.16 Grievance Withdrawals
- 491.17 Abuse Of the Grievance Process
- 491.18 Extension of Time Periods
- 491.19 Grievant's Failure to Comply with Time Limits
- 491.20 Emergencies
- 491.21 Responsible Staff
- 491.22 Annual Review Date
- 491.23 Severability Clause

491.01 Purpose

The purpose of 103 CMR 491.00 is to establish rules and procedures governing the filing and resolution of grievances by inmates.

491.02 Authorization

103 CMR 491.00 is promulgated pursuant to M.G.L. c. 124, §1(i) and (q) and c. 127, §38E. 103 CMR 491.00 is not intended to confer any procedural or substantive rights or any private cause of action not otherwise granted by state or federal law.

491.03 Cancellation

103 CMR 491.00 cancels all previous departmental and institutional policy statements, bulletins, directives, orders, notices, rules or regulations regarding inmate grievances.

491.04 Applicability

103 CMR 491.00 is applicable to all employees and inmates at all state correctional institutions within the Department of Correction.

491.05 Access to Regulations

103 CMR 491.00 shall be maintained within the Central Policy File of the Department and shall be accessible to all Department employees. A copy of 103 CMR 491.00 shall also be maintained in each Superintendent's Central Policy File and at each inmate library, including all inmate law libraries. Additionally, all new inmate commitments and incoming inmate transfers shall be notified of Department and Institution Grievance Procedures during the inmate's orientation.

491.06 Definitions

Abuse - The filing of repetitive grievances addressing the same issue where sufficient time for response has not elapsed or where a valid response has been provided; the filing of an excessive number of frivolous grievances; the appeal of a grievance settled in the inmate's favor; or the intentional filing of emergency grievances that are not emergencies or grievances concerning issues not grievable hereunder.

Departmental Grievance Coordinator - a designee of the Commissioner who acts as a review authority for grievances.

Emergency Grievance - a grievance processed in an expedited manner to resolve an issue in which a delay may cause substantial risk of personal injury or other damages.

Grievance- a written complaint filed by an inmate on the inmate's own behalf in accordance with 103 CMR 491.00.

Grievant - any Department of Correction inmate who files a grievance in accordance with 103 CMR 491.00.

Institutional Grievance Coordinator - the staff person responsible for attempting resolution of grievances and for coordinating the operation of the grievance procedure at the institutional level.

491.07 Informal Resolution

Each institution should develop informal measures for resolving inmate complaints whereby inmates are encouraged to communicate their problem to the staff person responsible in the particular area of the problem, e.g., Correction Program Officer, the appropriate department head or other institutional staff. Staff awareness as to the need for prompt attention and response to these complaints will minimize the use of formal grievance procedures. While inmates are encouraged to pursue informal measures prior to filing a grievance, they shall not be required to do so.

491.08 General Requirements

- (1) Classification, including identification of an inmate as a sex offender, and disciplinary decisions and recommendations are not grievable under 103 CMR 491.00 as there are existing appeal mechanisms for each of these areas. Decisions and recommendations concerning therapeutic diets are not grievable under 103 CMR 491.00 as there is an existing complaint procedure pursuant to 103 CMR 761.00. Additionally, medical or clinical decisions related to an inmate's physical or mental condition shall not be grievable under 103 CMR 491.00 as the medical contractor is required to maintain its own grievance procedure, however, matters concerning access to medical or mental health care are grievable.
- (2) No grievance shall be accepted which is filed by a group or on behalf of a group of inmates.
- (3) A grievance may only be filed concerning one subject matter.
- (4) A grievance shall be filed within ten working days of the actual incident or situation or within ten working days of the inmate's becoming aware of the incident or situation. Whenever a grievance is returned pursuant to 103 CMR 491.10(2) for improper format, the inmate shall have an additional three working days from the date of receipt to file a grievance in proper format.
- (5) Inmates who are illiterate, who cannot read or write legibly or who cannot speak English are authorized to obtain assistance from their case manager or other staff member. In cases where staff assistance is not available, inmate assistance under staff supervision may be utilized.
- (6) Inmates shall not be subject to adverse action, including disciplinary charges, for utilizing the grievance procedure, except for inmates who abuse the grievance procedure by filing an excessive number of frivolous grievances or who intentionally and in bad faith misrepresent or omit material information.

491.09 Initiating A Grievance

- (1) Forms - Inmates may process their grievance by obtaining an institution grievance form from those locations and staff persons designated by the Superintendent. Grievance forms shall be readily available to all inmates, including those in segregated units.
- (2) Content of Grievance Forms - All grievances should be legible and must contain the following information:
 - (A) the date of occurrence of the incident;
 - (B) the name of current institution;
 - (C) the name of institution of complaint;
 - (D) a brief statement of facts;
 - (E) the remedy being requested;
 - (F) the signatures of both the inmate and staff recipient.
- (3) Filing - Completed grievance forms may be filed as follows:
 - (A) directly with the Superintendent, Deputy Superintendent, Facility Administrator, or Institutional Grievance Coordinator; or;
 - (B) by depositing the completed form in a locked mailbox or drop box. All mailboxes or drop boxes identified for inmate grievances shall be opened at least once each working day;
 - (C) All grievances shall be forwarded to the Institutional Grievance Coordinator on the date received. The Institutional Grievance Coordinator shall sign, date-stamp and number each grievance received.

491.10 Processing a Grievance

- (1) Upon receipt of an inmate's grievance the Institutional Grievance Coordinator shall:
 - (A) acknowledge receipt of the grievance form through a written notification to the inmate;
 - (B) ensure that the grievance complies with 103 CMR 491.09(2) and if not, return the grievance to the inmate with a written explanation;
 - (C) interview the inmate and, if appropriate, the staff person responsible for the area where the problem occurred;

- (D) review staff efforts to resolve the issue informally, and proceed to exhaust all efforts of resolving the grievance;
 - (E) investigate the factual basis of the grievance and propose a resolution or deny the grievance, within ten (10) working days from receipt of the grievance;
 - (F) provide the inmate a written explanation regarding the proposed resolution or the reasons for the denial of the grievance.
- (2) Proposed resolutions shall clearly state what specific corrective action will be taken.
 - (3) If satisfied with the proposed resolution, the inmate shall sign an acknowledgment form and the grievance procedure shall be considered resolved.
 - (4) Denied grievances shall inform the inmate of the right to appeal.
 - (5) Record Keeping and Distribution - Records of all institutional grievances shall be maintained by the Institutional Grievance Coordinator. A grievance log shall be maintained indicating the assigned number of the grievance, the date the grievance was received, the inmate's name and identification number, the facility where the inmate is housed, the subject of the grievance, and the decision made. The original grievance form shall be placed in the inmate's institutional file, a copy shall be maintained by the institutional grievance coordinator and a copy returned to the inmate.

491.11 Emergency Grievances

- (1) An inmate who believes his grievance involves an issue for which a delay in resolution may cause a substantial risk of personal injury or other damages shall plainly mark the grievance form "EMERGENCY."
- (2) Emergency grievances shall be evaluated by the Institutional Grievance Coordinator to determine whether it is, in fact, an emergency. If the matter is determined not to be an emergency, the grievance form shall be returned to the inmate for proper filing.
- (3) Emergency grievances shall be processed in the same manner as other grievances, except that the process shall be completed within three working days of the filing of the grievance.

- (4) The Superintendent shall decide an appeal from the denial of an emergency grievance within five working days.

491.12 Appeal Process

The appeal process at each institution shall include the following:

- (1) Filing - An inmate whose grievance has been denied may appeal to the Superintendent. Appeal forms shall be made available from designated institutional staff. The original grievance form must accompany all appeal forms. The appeal form must be filed within ten (10) working days from receipt of a decision to the Superintendent unless 491.11 or 491.17 are applicable.
- (2) Duties and Responsibilities - Upon receipt of an inmate's appeal, the Superintendent's office shall date the form. Written notification of receipt of the grievance shall be forwarded to the inmate.
- (2) Time Limits for Response - The Superintendent shall respond to the grievant, in writing, within thirty (30) working days from receipt of the grievance.
- (3) Approvals and Denials - The Superintendent should specify in writing the reason(s) for his decision on each appeal. The Superintendent shall sign and date all appeal forms. In cases where the Institutional Grievance Coordinator's decision is modified or overturned, the specific corrective action which, is to be taken, if any, should be clearly stated. If satisfied with the proposed resolution, the inmate shall sign an acknowledgement form.
- (4) Record keeping and Distribution - The Superintendent shall maintain a record of all grievance appeals. The appeal and original grievance will be returned to the inmate, with copies distributed to the inmate's institutional file, and forwarded to the respective Institutional Grievance Coordinator.

491.13 Central Office Review

Whenever a grievance appeal to the Superintendent is denied, the appeal package and any relevant documentation shall be forwarded to the departmental grievance coordinator. The departmental grievance coordinator may take any action upon review of a grievance that the Superintendent is authorized to take under 103 CMR 491.12. Whenever a superintendent places limitations on an inmate's ability to file grievances pursuant to 103 CMR 491.17, a copy of the decision and any relevant documentation shall be forwarded to the departmental grievance coordinator.

491.14 Settlements

All property or monetary settlements resulting from grievances or appeals are to be approved by the Superintendent of the facility from which the grievance originated or by the departmental grievance coordinator.

The Institutional Grievance Coordinator shall ensure that all required information is on the form, i.e., physical description, monetary value, inmate signature, and witness.

The Superintendent or departmental grievance coordinator shall determine if the settlement is appropriate. All settlements will be recorded by the Institutional Grievance Coordinator in a Settlement Log and assigned a number.

491.15 Inmate Transfers

When an inmate is transferred after a grievance has been filed, but prior to its being resolved, the grievance, if still applicable, shall be processed by staff at the originating institution. When a transferred inmate files a grievance concerning a matter which arose at the sending institution, the Institutional Grievance Coordinator at the inmate's present institution shall process the grievance.

491.16 Grievance Withdrawals

Inmates wishing to withdraw grievance appeals should contact the Institutional Grievance Coordinator in writing. Grievance withdrawals and withdrawals of grievance appeals shall be maintained on file by the Institutional Grievance Coordinator and may be used for research, officer training and statistical data but shall not be placed in either the inmate's institution or Central Files.

491.17 Abuse Of the Grievance Process

- (1) Punishment or disciplinary actions shall not result from the inmate's filing of a complaint, or grievance unless the inmate demonstrates a pattern of abuse of this process by filing clearly frivolous, repetitious, or knowingly false documents.
- (2) An inmate who files five or more grievances in a week or twenty or more grievances in any 180 consecutive day period may be determined to be abusing the grievance procedure.
- (3) An inmate may be limited to not more than 10 active grievances at any one time, not including any emergency grievance(s).
- (4) Abuse of the grievance process shall be determined by the Superintendent where the inmate is housed. Upon a determination of abuse, limitations on the inmate's ability to file grievances may be imposed as follows:

- (A) The Superintendent may impose a suspension of the inmate's ability to file grievances for a length of time commensurate with the degree of abuse.
- (B) The length of suspension may be up to six months and may be increased for second and subsequent offenses in increments not to exceed six months.
- (C) Inmates under suspension shall normally be allowed to file emergency grievances.
- (D) Abuse of the emergency grievance procedures may lead to suspension of the ability to file emergency grievances as well.

491.18 Extension of Time Periods

The time periods referred to in 103 CMR 491.000 for filing a grievance or appeal or for response to any inmate grievance may be extended for a like period if the Institutional Grievance Coordinator or Superintendent determines that the initial period is insufficient to make an appropriate decision or if the inmate presents a legitimate reason for requesting an extension.

Written notice of all extensions shall be provided to the grievant.

491.19 Grievant's Failure to Comply with Time Limits

Failure by a grievant to comply with the time restrictions imposed by 103 CMR 491.000, unless waived by the Institutional Grievance Coordinator or Superintendent, shall terminate the grievance process.

491.20 Emergencies

Whenever in the opinion of the Commissioner, Deputy Commissioner or the Superintendent of a state correctional institution, an emergency exists which requires suspension of all or part of 103 CMR 491.00, a suspension may be ordered, except that any such suspension lasting beyond 48 hours must be authorized by the Commissioner.

491.21 Responsible Staff

The Superintendent of each institution shall be responsible for implementing and monitoring 103 CMR 491.00.

491.22 Annual Review Date

103 CMR 491.00 shall be reviewed at least annually by the Commissioner or his designee. The party or parties conducting the review shall develop a memorandum to the Commissioner with a copy to the Central Policy File indicating revisions, additions, or deletions which shall be included for the Commissioner's written approval.

491.23 Severability Clause

If any article, section, subsection, sentence, clause or phrase of 103 CMR 491.00 is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of 103 CMR 491.00.

REGULATORY AUTHORITY

103 CMR 491.000: M.G.L. c.124, 1 (i) and (q) and c.127, 38E.

DEPARTMENT OF CORRECTION
INMATE GRIEVANCE PROCEDURES

PURPOSE: To develop standardized inmate grievance procedures throughout the Department of Correction.

1. Inmates filing an institution grievance shall complete the Institution Grievance Form (Attachment A) and forward this form to the Institution Grievance Coordinator within ten (10) working days from the date of the incident/situation or within ten (10) days of the inmate becoming aware of the incident/situation.

The Institution Grievance Coordinator shall process the inmate grievance as follows:

- A. Date stamp the top portion of the Inmate Grievance Form.
- B. Receipt the inmate by completing and removing the bottom portion of the Inmate Grievance Form (Section C) and forward it to the inmate. This shall be done as soon as practicable.
- C. Provide the grievance a number and document the grievance information in a log- book.
- D. Ensure the grievance is written for only the inmate with the concern.
- E. Investigate the inmate's concern and prepare a brief summary of the findings. Additionally, ensure that any relevant documentation to support the finding is attached.
- F. The Institution Grievance Coordinator shall render his/her decision on section "B" of the grievance form within ten (10) working days from the receipt of the grievance.

The Institution Grievance Coordinator shall provide the inmate with a copy of the decision and request that the inmate sign an Acknowledgement Sheet (Attachment B) outlining the resolution. The inmate's signature shall only be requested for approved grievances. The IGC shall also sign the Acknowledgement Sheet as a witness.

Lastly, the Acknowledgment sheet shall be sent to the Superintendent for final approval/signature.

2. If the inmate indicates he/she will be appealing the decision they shall be provided with the appropriate Institution Appeal Form (Attachment C) which shall be submitted to the Superintendent within ten (10) working days from the decision of the Institution Grievance Coordinator. In addition, the Institution Grievance Coordinator shall provide the Superintendent with the original grievance, the summary of findings and supporting documentation.

The Superintendent shall process the grievance as follows:

- A. Date stamp the top portion of the Institution Appeal Form.
- B. Receipt the inmate by completing and removing the bottom portion (Section C) of the Institution Grievance Appeal Form and forward it to the inmate. This shall be done as soon as practicable.
- C. Indicate the original grievance number on the Institution Appeal Form, assign the appeal an appeal number and record all information in a logbook.
- D. The Superintendent shall review the documentation on the original grievance, all supporting documentation and render a decision within thirty (30) days from receipt of the appeal.
- E. In the event the Superintendent modifies or overturns the Institution Grievance Coordinators decision the plan of action shall be clearly stated under the Summary of Findings (Section B).

When the process is complete the Institution Grievance Coordinator will provide the inmate with the Superintendent's decision and an Acknowledgement Sheet (Attachment B). The inmate shall sign his/her name to the form if he/she agrees with the decision rendered. The Institution Grievance Coordinator shall sign the Acknowledgement Sheet as a witness.

Lastly, the Acknowledgement Sheet shall be forwarded to the Superintendent for final approval.

- F. If the grievance is denied, the Inmate Grievance Coordinator shall provide a copy of the original grievance, the denied institution appeal form and all supporting documentation to the Department Grievance Coordinator as soon as possible.
3. After a thorough review of the denied grievance appeal and relevant supporting documentation, the Department Grievance Coordinator has the ability to overturn the Superintendent's decision if warranted.
 - A. The Department Grievance may conduct staff/inmate interviews if necessary.
 4. Inmates may file "EMERGENCY GRIEVANCES" on the regular grievance form however, they must plainly mark the grievance form "EMERGENCY". When an "EMERGENCY GRIEVANCE" is filed by an inmate the Institution Grievance Coordinator shall be responsible for the following actions:
 - A. Date stamp the top of the grievance form and forward the receipt portion of the "Emergency Grievance" to the inmate.
 - B. Provide the "Emergency Grievance with a number and record the information in the log book.
 - C. Determine if the "Emergency Grievance" filed is an actual emergency.

** If the Grievance is determined to be an Emergency, The Institution Grievance Coordinator shall notify the Department Grievance Coordinator as soon as possible.

** If the Grievance is determined NOT to be an emergency the grievance shall be returned to the inmate for proper grievance filing.

- D. The IGC shall render a decision on Emergency Grievances (Section "B") within three (3) working days from the filing of the Emergency Grievance.
 - E. The Superintendent shall decide an appeal on all Emergency Grievances within five (5) working days.
 - F. All denied Emergency Grievances, denied institution appeals and supporting documentation shall be submitted to the Department Grievance Coordinator for review. The institution appeal may be overturned by the DGC if it is determined to be appropriate.
5. Inmate's who are found to abuse the grievance/emergency grievance process in accordance with 103 CMR 491.17 shall be provided with a Suspension of Grievances Letter (Attachment D). This letter shall be completed by the Superintendent/designee and signed by the Superintendent. Copies of this letter shall be provided to the Institution Grievance Coordinator and the Department Grievance Coordinator.
- Please note however, that an inmate under a grievance suspension shall normally be allowed to file emergency grievances.
6. All Monetary Settlements shall be outlined on the Monetary Settlement of Claim form (Attachment E) and shall signed by the inmate, the Institution Grievance Coordinator and the Superintendent. A copy of the Monetary Settlement form shall be forwarded to the Department Grievance Coordinator for tracking purposes.
7. All other sections of the 103 CMR 491, Inmate Grievance Policy shall apply.
8. Each Institution Grievance Coordinator shall maintain institutional grievance records for seven (7) years. Additionally, the Department Grievance Coordinator shall maintain all central office grievance documents for seven (7) years.

ATTACHMENT "A"

DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM
FORWARD TO THE INSTITUTIONAL GRIEVANCE COORDINATOR (IGC)

SECTION "A"

NAME: _____ INSTITUTION: _____

NUMBER: _____ HOUSING UNIT: _____ DATE OF INCIDENT: _____

COMPLAINT: _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REMEDY
REQUESTED: _____

INMATE SIGNATURE: _____ DATE: _____

STAFF RECIPIENT: _____ DATE: _____

DATE RECEIVED: _____

SECTION "B"

ASSIGNED GRIEVANCE NUMBER: _____

DECISION RENDERED: ☐ APPROVED
 ☐ DENIED

SUMMARY OF FINDINGS:

IGC SIGNATURE: _____ DATE: _____

(DENIED GRIEVANCES MAY BE APPEALED TO THE SUPERINTENDENT WITH 10 DAYS OF IGC'S DECISION.)

SECTION "C"

INMATE GRIEVANCE RECEIPT

INMATE NAME: _____ INSTITUTION: _____

NUMBER: _____ DATE RECEIVED: _____

SIGNATURE (IGC): _____ TITLE: _____

ATTACHMENT "C"

DEPARTMENT OF CORRECTION
INSTITUTION APPEAL FORM
FORWARD TO THE INSTITUTIONAL SUPERINTENDENT

SECTION A

NAME: _____ INSTITUTION: _____

NUMBER: _____ HOUSING UNIT: _____ DATE OF INCIDENT: _____

APPEAL: _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REMEDY

REQUESTED: _____

INMATE SIGNATURE: _____ DATE: _____

STAFF RECIPIENT: _____ DATE: _____

DATE RECEIVED: _____

SECTION B

ASSIGNED GRIEVANCE NUMBER: _____

ASSIGNED INSTITUTION APPEAL NUMBER: _____

DECISION RENDERED: ☐ APPROVED
☐ DENIED

SUMMARY OF FINDINGS:

SUPERINTENDENT'S

SIGNATURE: _____ DATE: _____

SECTION C

INMATE APPEAL RECEIPT

INMATE NAME: _____ INSTITUTION: _____

NUMBER: _____ DATE RECEIVED: _____

RECEIPTING STAFF: _____ TITLE: _____

ATTACHMENT "B"

ACKNOWLEDGEMENT SHEET

I _____, an inmate of the Massachusetts

Department of correction agree to settle grievance # _____ as I am

satisfied with the resolution as follows:

**Furthermore, I release the Department of Correction and its employees of all
liability arising out of the subject matter of the grievance.**

Inmate's Signature: _____ Date: _____

Witness: _____ Date: _____

INSTITUTION APPROVAL

**I have reviewed the facts of the above grievance and find that the settlement is
appropriate.**

Superintendent: _____ Date: _____

ATTACHMENT "E"

**MONETARY SETTLEMENT OF CLAIM
M.G.L. C. 258, INCLUDING
SETTLEMENT AND RELEASE OF CLAIM**

I, _____, an inmate of the
Massachusetts Department of Correction, hereby make claim pursuant to M.G. L. ,
C. 258 against the Commonwealth for (Please be specific as possible as to dates,
places, value, physical description and identifying information etc.):

In the interests of a speedy and efficient disposition of said claim, I hereby settle said
claim in full and release the Department of Correction and its employees of all
liability arising out of this claim, in consideration of the receipt of:

Signed : _____ Dated: _____

Witness: _____ Dated: _____

IGC

INSTITUTION APPROVAL

**I have reviewed the facts of the above-described claim and find that the described
settlement is appropriate. Claim is to be paid from an appropriate account.**

Superintendent

Dated

ATTACHMENT "D"

MEMORANDUM

TO: INMATE: _____ **ID#** _____

FR: _____

DATE: _____

RE: SUSPENSION OF GRIEVANCES NOTIFICATION

Please be advised that you have been determined to be an abuser of the grievance process in accordance with 103 CMR 491, Inmate Grievance Policy. As a result, your ability to file grievances has been suspended until_____.

Please note that your ability to file an emergency grievance is still in effect however, if you are found to abuse this process, your ability to file emergency grievances may also be suspended in the future.

**cc. DGC
Superintendent
IGC
Inmate file**